

# COUNTY COUNCIL OF DURHAM



# ANNUAL REPORT of the COUNTY MEDICAL OFFICER OF HEALTH AND CHIEF WELFARE OFFICER

STANLEY LUDKIN, M.D., B.S., D.P.H.

for the YEAR 1965



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Health Department,

County Hall,

DURHAM.

June, 1966.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present my report on the health in the administrative county and on the work of the county's combined health and welfare department for the year 1965.

Comments on the various services have been made under each section and, as far as possible, statistical data has been eliminated from the text of the report, being provided in detail in the last section.

Health in the county continued to be satisfactory, there being no major epidemic during 1965. It is pleasing to note that the infant mortality, still-birth and peri-natal mortality rates were the lowest on record for the administrative county, as were the notification rates for both respiratory and non-respiratory tuberculosis.

Expansion of health and welfare services continued during the year and in the review of the ten-year building programme carried out in November, provision was made for considerable increases in both staff and buildings.

On the 1st April, 1965, responsibility for the administration of the school health service was transferred to the health department and this has resulted in better co-ordination of the health, welfare and school health services, and enabled medical staff to now undertake combined maternity and child welfare and school health duties.

Liaison between the local health authority services and the hospital and particularly the general practitioner services has increased during the year. Valuable work continued to be carried out by various voluntary organisations, the central and local co-ordinating committees being found to be most valuable in this respect.

I wish to thank members of my staff for their continued assistance and co-operation throughout the year. Because of developing services, many additional demands have been made on them, but I am most grateful for the way they have responded.

Finally, to you, Mr. Chairman, Madam Vice-Chairman and members of the Health Committee, I must express my appreciation of the support and help given to me so readily and consistently.

Your obedient Servant,

STANLEY LUDKIN,

County Medical Officer.

# STAFF OF THE COUNTY HEALTH DEPARTMENT

COUNTY MEDICAL OFFICER OF HEALTH Stanley Ludkin, M.D., B.S., D.P.H.

DEPUTY COUNTY MEDICAL OFFICER OF HEALTH R. G. Hendry, M.B., Ch.B., D.P.H., D.Obst., R.C.O.G.

PRINCIPAL SENIOR MEDICAL OFFICER A. D. Bostock, M.B., Ch.B., D.P.H.

SENIOR MEDICAL OFFICER (MATERNITY AND CHILD WELFARE)

M. T. McFadden, M.B., B.Ch., B.A.O., D.P.H. (Until 28.2.65).

E. M. Osborne, M.B., Ch.B., D.P.H., D.C.H., D.Obst., R.C.O.G. (From 1.6.65).

## CLINICAL MEDICAL OFFICERS

L. R. Benham, M.B., B.S., D.P.H. (part-time). I. E. Brown, M.B., B.Ch., B.A.O. (part-time). F. G. Carr, M.B., Ch.B.

W. J. Coates, M.B., Ch.B., D.Obst., R.C.O.G. (part-time).

M. M. Copland, M.B., Ch.B.
M. T. Cunningham, M.B., B.S.
J. Dabrowska, M.B., Ch.B. (part-time).
M. M. Dickinson, M.R.C.S., L.R.C.P.

A. J. Edwards, M.B., Ch.B. E. S. Gillespie, M.B., Ch.B. (part-time).

M. E. Hegarty, M.B., B.Ch., B.A.O. (until 31.3.65).
J. M. Hegarty, M.B., B.Ch., B.A.O., D.P.H. (part-time).
S. Jindal, M.S., M.B., B.S.

G. A. Macgregor, M.D., D.P.H. (part-time).
M. E. A. C. Pattisson, M.B., B.S. (until 30.4.65).
M. W. Rodgers, M.B., B.Ch., B.A.O., D.P.H. (part-time).
L. Ross, M.B., B.S.

W. H. Skinner, L.R.C.P., L.R.C.S., L.R.F.P.S. (from 1.4.65). H. W. Tonge, M.B., Ch.B. (part-time). A. Wagg, M.B., B.S.

A. S. M. Wilson, L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H. (part-time).
M. A. Wynne, M.B., B.S.

\* Engaged in work of Children Department.

## Assistant County Medical Officers

Area No. 1. J. A. Dryden, M.A., B.Sc., M.B., B.Chir., D.P.H., D.I.H.

Area No. 2. H. C. Weir, M.A., M.B., B.Ch., B.A.O., D.P.H.,

Area No. 3. R. Hill, M.B., B.Ch., D.P.H. Area No. 4. J. L. Siddle, M.B., B.S., D.P.H.

Area No. 5. P. A. Y. Narayanan, M.B., B.S., D.T.M. & H., D.P.H.

Area No. 6. G. A. Macgregor, M.D., D.P.H.

Area No. 7. R. G. Drummond, M.B., Ch.B., D.P.H.

Area No. 8. A. S. M. Wilson, L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H.

Area No. 9. J. M. Hegarty, M.B., B.Ch., B.A.O., D.P.H. Area No. 10. M. W. Rodgers, M.B., B.Ch., B.A.O., D.P.H.

MEDICAL OFFICERS OF HEALTH—DELEGATED AUTHORITIES Easington R.D.—J. W. A. Rodgers, M.B., B.Ch., D.P.H. Stockton M.B.—H. J. Peters, M.B., B.Hy., D.P.H., D.P.A.

COUNTY HEALTH INSPECTOR
T. S. Yarrow, C.R.S.H., M.A.P.H.I.

## HEALTH VISITING SERVICE

#### SUPERINTENDENT

Miss M. Pattison, S.R.N., S.C.M. (Part 1), R.F.N., H.V. Cert., Nursing Administration (Public Health)

2 Deputy Superintendents. 113 Health Visitors.

## MIDWIFERY AND NURSING SERVICES

#### SUPERINTENDENT

Miss N. Hawkins, S.R.N., S.C.M., R.F.N., H.V. Cert., Q.I.D.N.
1 Deputy Superintendent.
2 Assistant Superintendents.
119 District Midwives.
24 District Nurse-Midwives.

115 District Nurses.

## CHIEF NURSING OFFICERS

Easington R.D.—Miss A. Howarth, S.R.N., S.C.M., H.V. Cert., Q.N.S. Stockton M.B.—Miss A. Hansbury, S.R.N., S.C.M., H.V. Cert., Q.I.D.N.

#### Nurseries

4 Matrons.

33 Other Staff.

## MENTAL HEALTH

EXECUTIVE OFFICER
F. W. S. Taylor, A.A.P.S.W.
22 Mental Welfare Officers.

## TRAINING CENTRES FOR THE MENTALLY SUBNORMAL

7 Supervisors 24 Other Staff Junior Training Centres.

1 Manager Warden 4 Superintendents 25 Other Staff

Adult Training Centres.

# DOMESTIC HELP SERVICE

1 Organiser.

19 Assistant Organisers

## HANDICAPPED PERSONS

SENIOR EXECUTIVE SOCIAL WORKER

A. B. McManus
1 Senior Social Worker

12 Social Workers

3 Occupational Therapists.

## BLIND PERSONS

15 Home Teachers 4 Trainee Home Teachers

# **FAMILY WELFARE**

SENIOR FAMILY WELFARE OFFICER C. J. Carey.

## AMBULANCE SERVICE

AMBULANCE OFFICER
C. G. Dewen

4 Staff Officers
(1 for Civil Defence Training).

12 Central Control Staff.
14 Depot Superintendents.

2 Depot Telephonists.

1 Maintenance Officer.

3 Switchboard Operators.2 Liaison Officers.

272 Driver-attendants. 4 Mechanics.

## WELFARE SERVICES—RESIDENTIAL ACCOMMODATION

## ADMINISTRATIVE OFFICER

J. Scott

4 Superintendents. 2 Wardens.

23 Matrons. 455 Other Staff.

## COMMITTEES

The administration of matters affecting public health and of the National Health Service Acts, 1946-1952, and the National Assistance Acts, 1948 and 1951 in so far as they affect the County Council, devolve upon the Health Committee. In connection with the administration of the National Health Service Acts the following standing committees have been established:—

Maternity and Child Welfare.

Ambulances.

Midwifery, Home Nursing, Health Visiting and Domestic Help.

Mental Health.

E. F. Peile County Convalescent Home.

These sub-committees, with the exception of the Mental Health Sub-Committee which meets bimonthly, have meetings in each month except August. In connection with the administration of the National Assistance Acts there is a standing Welfare Sub-Committee which meets monthly except in August.

## AREA HEALTH SUB-COMMITTEES

The number of meetings held by the area health sub-committees during the year in accordance with scheme adopted by the County Council in 1948 was as follows:—

No. of Area.	Names of County Districts comprised in the area.	Number of members.	Meetings held.	No. Are	Names of County Districts comprised in the area.	Number of members.	Meetings held.
1	Blaydon U.D. Ryton U.D. Whickham U.D.	20	5	6	Crook and Willington U.D. Tow Law U.D. Weardale R.D.	18	4
2	Jarrow Borough Felling U.D. Hebburn U.D.	21	4	7	Durham Borough Brandon U.D. Durham R.D.	20	5
3	Consett U.D. Stanley U.D. Lanchester R.D.	21	5	8	Barnard Castle U.D. Barnard Castle R.D.	15	3
4	Chester-le-Street U.D. Chester-le-Street R.D.	16	4	9	Bishop Auckland U.D. Shildon U.D. Spennymoor U.D.	20	4
5	Boldon U.D. Hetton U.D. Houghton-le-Spring U.D. Seaham U.D. Washington U.D. Sunderland R.D.	29	4	10	Hartlepool Borough Billingham U.D. Darlington R.D. Sedgefield R.D. Stockton R.D.	28	8

# SECTION A—GENERAL STATISTICS

Area (in acres)			•••			620,276
Registrar General's estimate of popul	-	1-1905	•••	•••	••	974,860
Rateable value as at the 1st April, 196	55	• •••	•••	•••	•• •••	£29,740,071
Sum represented by a penny rate	•••	• •••	•••	•••	•• •••	£118,385
LIVE BIRTHS						
ZIVE BIKITIO		1964			1965	
	Males.	Females.	Total.	Males	. Females.	Total.
Legitimate	8,745	8,234	16,979	8,67	3 8,059	16,732
Illegitimate	373	374	747	45	0 419	869
Totals	9,118	8,608	17,726	9,12	3 8,478	17,601
						England
			Adm	inistrative C	County,	and Wales.
			1963	1964	1965	<i>1965</i>
Live birth rate per 1,000 population	•••		18.2	18.3	18.1	18.1
Illegitimate live births per cent of total	al live birt	hs	4.2	4.2	4.9	
Stillbirths	•••		344	361	339	
Stillbirth rate per 1,000 total live and	stillbirth	s	19.1	20.0	18.9	15.7
Total live and stillbirths	•••		17,983	18,087	17,940	
Infant deaths (deaths under 1 year)	•••		396	406	362	
Infant mortality rates :-						
Total infant deaths per 1,000 total			22.5	22.9	20.6	19.0
Legitimate infant deaths per 1,000			22.2	22.6	20.0	
Illegitimate infant deaths per 1,000	•		3 26.9	29.4	31.1	
Neo-natal (deaths under four weeks) 1,000 total live births		•	15.0	15.7	14.1	13.1
Early neo-natal (deaths under one week	  c) mortali	tu rota nar	15.0	13.1	14.1	15.1
1,000 total live births		per	13.5	13.8	12.0	
Perinatal (stillbirths and deaths under						
mortality rate per 1,000 total live an			32.4	33.5	30.7	26.9
Maternal deaths (including abortion)	•••		4	2	4	
Maternal mortality rate per 1,000 total	l live and	stillbirths	0.22	0.11	0.22	0.25
Total deaths from all causes	•••		11,287	10,563	11,130	
Death rate per 1,000 population	•••		11.6	10.9	11.4	11.5

## AREA.

The area of the administrative county is 620,276 acres—143,044 in municipal boroughs and urban districts and 477,232 in rural districts—the mean density of population being 1.57 persons per acre.

The administrative county consists of four municipal boroughs, 21 urban districts and 10 rural districts. The area of each of these districts is given in Table 1, Section H.

# POPULATION.

The Registrar General's estimate of population for the administrative county for mid-year 1965 is 974,860 and shows an increase of 4,670 compared with his estimate for mid-year 1964. The estimated population of each sanitary district in the administrative county is also given in Table 1.

## BIRTHS AND BIRTH-RATES.

The adjusted birth-rate for the administrative county, in accordance with the comparability factor (0.98) supplied by the Registrar General, is 17.7 per 1,000 population. Birth statistics for sanitary districts are shown in Table 1, Section H.

Hospital confinements comprised 68% of the total, the remaining 32% being domiciliary. Details of domiciliary and hospital confinements for the past five years are as follows:—

W	Percentage of Total Con	finements.
Year.	Domiciliary.	Hospital
1961	44	56
1962	41	59
1963	39	61
1964	35	65
1965	32	68

## DEATHS AND DEATH-RATES.

The adjusted death-rate for the administrative county, in accordance with the comparability factor (1.18) supplied by the Registrar General, is 13.5 per 1,000 population.

The main causes of death in the administrative county were diseases of the heart and circulatory system (52.08%)—of which coronary disease figured prominently (23.51% of total deaths), all forms of cancer (17.79%) bronchitis (6.17%) and pneumonia (5.92%).

Table 2—Section H gives a comparison of the percentages of deaths in certain age groups from the beginning of the century and further mortality statistics are provided in Tables 1, 3, and 4—Section H.

# INFANT MORTALITY.

A comparison of infant mortality statistics for the past ten years is given in Table 5—Section H together with similar comparisons of the rates for perinatal mortality, early neonatal mortality and infant mortality one week to one year. All show a steady decline.

## VITAL STATISTICS 1946-65.

Comparative Population Statistics and Birth and Death Rates for the past 20 years are shown in graph form in Table 6, Section H.

## SECTION B-NATIONAL HEALTH SERVICE ACT, 1946

## SECTION 21—HEALTH CENTRES

The two health centres at Peterlee and Stockton continued to operate satisfactorily during the year.

Plans for the health centre on the Leam Lane Estate, Felling, were finalised during the year and building commenced early in 1966.

Further discussions were held into the possibility of establishing health centres on the Civic Centre site at Hebburn and on a site adjacent to the swimming-baths at Dunston Bank, Dunston.

It has been the County Council policy for some time to establish full health centres wherever these could provide a more comprehensive and co-ordinated health and welfare service for members of the community, and it is gratifying to note that this aim may well materialise in the future.

# SECTION 22—CARE OF MOTHERS AND YOUNG CHILDREN

## A. MATERNITY AND CHILD WELFARE CENTRES.

Although no new centres were opened during the year, much good work continued to be done in the existing ones. The scope and variety of work undertaken in the centres is still expanding, and with chiropody, mothercraft classes, sessions for the early ascertainment of deafness, health education classes and cervical cytology besides the routine child welfare, ante-natal and family planning clinics, there is rarely a vacant session in the clinics, even in the evenings.

We were disappointed that the temporary clinic at Washington was not completed to schedule, especially as the clinic there has such large attendances of babies and expectant mothers in rather unsatisfactory premises. The first session did, however, start on 22nd February, 1966.

The mobile clinic intended for use in the more rural areas and small villages was not ready for use during the year, but a list was being prepared of areas which could be suitably served by such a clinic when it is available.

# 1. Ante-natal Clinics.

The number of expectant mothers attending the local authority clinics for their ante-natal care continued to decline, and the number of centres at which ante-natal sessions were held (25) was one less than in the previous year. This is, of course, the anticipated trend as more and more general practitioners institute their own ante-natal clinics. Free use of local authority clinic premises was offered to general practitioners for this purpose, and this was accepted in one area.

In areas where attendances do not justify a regular specific local authority session for this work, expectant mothers were seen during infant welfare sessions.

Details of attendances for the past three years are as follows:—

						1963	1964	1965
No. on clinic register	•••	•••	•••	•••	•••	1,895	1,721	1,457
Total attendances	•••	•••	•••	•••	•••	7,665	6,947	6,065
Average attendance pe	r sessi	on		•••		5	5	5

The following analysis relates to the 1,457 expectant mothers who attended the ante-natal clinics:—

Duration of pregna	ancy at tin	ie of		
first attende		Ť	Age of patients.	
Under 3 months		264	Under 20 years	141
3-6 months	•••	824	20-25 years	557
6-9 months	•••	<b>36</b> 9	26-30 years	388
			31-35 years	230
	Total	1,457	36-40 years	124
			41+ years	17
			Total	1,457
<b>5.</b> •			D7 ( C'	
Parity.			Place of confinement.	=00
0 421	5	52	Hospital	582
1 409	6	25	Home	365
2 271 3 155	7	14		
	8	5		947
4 93	9+	12	T. C. P I.	
			Left district	39
	J	1,457	Not yet delivered	470
	-		Died Undelivered	1
				1,457

# 2. Mothercraft and Relaxation Classes.

Two courses of instruction in teaching exercises for expectant mothers were held in 1965 for the benefit of a number of health visitors and midwives. As a result of these courses the number of centres where classes were held was increased.

Classes were held at thirty-four welfare centres and details of the attendances compared with previous years were as follows:—

					1963	1964	1965
Mothers attending		•••		•••	505	729	955
Total attendances	•••	•••	•••	•••	2,716	4,056	4,499
Average attendance/session	•••	•••	•••	•••	5	8	6

## 4. Post-Natal Clinics.

Examination of mothers six weeks after confinement was carried out at welfare centres either at special sessions when advice on family planning is also available or at one of the other welfare centre sessions. The post-natal clinics held at eleven centres were attended by 102 mothers on 156 occasions and 102 examinations were carried out at other sessions.

# 5. Child Welfare Clinics.

Details of the attendances were:—

				1963	1904	1905
No. on clinic registers	• •••		•••	29,309	32,528	35,280
Total attendances	• •••	•••	•••	145,861	162,099	169,507
Average attendance/session	•••	•••	•••	24	26	27

## 6. Mothers' Clubs.

With the advice and help of the health visitors a number of these clubs are now being run by groups of mothers in the county. During the year two new clubs were started and there are now eighteen of them being held either fortnightly or monthly in welfare centres.

#### 7. Health Visitor Sessions.

The success of these sessions at which the screening tests of hearing are carried out led to the extension of the practise to three other welfare centres. It is often valuable for health visitors to be able to arrange to see mothers by appointment at these sessions where more time can be taken to discuss family problems and the care of the children. The total attendances at these sessions was 10,067 the average per session being six.

## 8. Birth Control Clinics.

Advice on family planning was sought by 1,095 mothers at special sessions held in eighteen centres. The total attendances for 1965 was 2,731 compared with 3,244 in 1964.

# 9. Artificial Sunlight Clinics.

The number of centres where these sessions were held was 17 at the end of the year. The total of attendances was 4,392 and the following compares the figures for 1965 with those of previous years.

				1963	1964	1965
Patients treated	•••	•••	•••	711	528	385
Total attendances	•••	•••	•••	8,693	5,736	4,392
Number of sessions	•••	•••	•••	1,725	1,582	1,545
Average attendance/session	•••	•••	•••	5	4	3

# 10. Congenital Malformations

Arrangements continued for the notification to the Ministry of Health of congenital malformations apparent at birth.

Cases normally resident outside the county area are investigated and the relevant information forwarded to the appropriate local health authority. Similar arrangements are in being for cases occurring outside the administrative county area.

During the year 206 cases were added to the County Council register and appropriate notifications forwarded to the Registrar General. Notifications were also forwarded in respect of congenital malformations found in 57 still born children.

Together with those other children whose names are on the "At risk" register, these infants are visited regularly and advice given to parents.

## 11. Welfare Foods.

Members of voluntary committees continued to make a valuable contribution to the work of the department by accepting responsibility for the distribution of welfare foods at 70 centres. National dried milk and the vitamin preparations were obtainable from 129 centres including all child welfare clinics and 31 other premises.

The following statement shows the amounts issued during the year together with comparative figures for 1964:—

							1964	1965
National dried milk (tins)		•••	•••	•••		•••	143,451	139,497
Orange juice (bottles)	•••	•••	•••	•••	•••	•••	124,906	133,667
Cod liver oil (bottles)	•••		•••	•••	•••	•••	18,733	18,297
Vitamin tablets (packets)		•••	•••	•••	•••	•••	9,803	8 <b>,46</b> 4

## B. DENTAL TREATMENT OF MOTHERS AND YOUNG CHILDREN.

Treatment for the priority dental service was carried out at 17 permanent clinics and seven mobile vans.

The number of mothers of pre-school children has decreased by eleven but the examination of pre-school children has risen by 28. The number of fillings for mothers has decreased and the number of extractions has increased which unfortunately means that mothers are not coming to the clinics until their teeth are so carious that the only treatment possible is extraction.

As far as pre-school children are concerned the number of fillings has decreased by 62 and the number of extractions decreased by 192 therefore it appears that the dental condition of pre-school children is improving.

Comparative attendance figures for 1963-65 were:

						λ	Nothers		C	hildren	
						1963	1964	1965	1963	1964	1965
New cases examined	•••	•••	•••	•••		130	220	209	492	<b>3</b> 85	413
Treatments commenced	•••		•••		•••	135	152	110	300	298	307
Patients made dentally fit	•••		•••		•••	51	74	61	180	217	248
Scalings and gum treatments	•••				• • •	41	67	28	15	19	18
Fillings	•••			•••	•••	86	131	98	242	233	171
Silver nitrate treatment	•••	•••	•••		•••	_		2	152	156	169
Crowns or inlays	•••		•••	•••	•••	-				_	_
Extractions	•••		•••	•••	•••	160	153	175	296	514	322
General anaesthetics	•••		•••	•••	•••	15	29	14	97	149	104
Dentures provided:										Î	
Full upper or lower			•••	•••	•••	15	21	21	_		_
Partial upper or lower	•••	•••		•••	•••	9	15	17	_	-	_
Radiograph						2	2	6	_	_	3

## C. CARE OF UNMARRIED MOTHERS AND THEIR BABIES.

Unmarried expectant mothers are accommodated in appropriate cases at the County Council's mother and baby home, Smelt House, Howden-le-Wear, where there are 17 beds and 9 cots. The number of expectant mothers admitted during 1965 was 75 and the average length of stay was six weeks before confinement and four weeks after discharge from hospital.

When there were no vacancies at Smelt House and in cases where it was considered advisable that a mother should be accommodated elsewhere, other arrangements were made and for these reasons 43 expectant mothers were admitted to homes outside the county.

## D. E. F. Peile Home, Shotley Bridge.

This convalescent home, which is administered by the County Council, has accommodation for nine mothers with infants and 24 children.

During the year further improvements have been made to the accommodation both of staff and residents and a considerable amount of redecoration and refurnishing has been carried out.

Recommendations for convalescence were made by general practitioners, assistant welfare medical officers, health visitors and hospital almoners and 136 mothers, 91 infants and 262 children were admitted during 1965. The average duration of stay was 20 days for mothers, 21 days in the case of infants and 22 days for children.

The E. F. Peile Home is approved by the Ministry of Health for the training of nursery nurses, and three students were under training at the end of the year.

## E. DAY NURSERIES.

The four day nurseries in the county are all approved for training purposes. A total of 220 places are available and details of the accommodation and average attendance at each establishment were as follows:—

Nursery.		umber of Places.	Average Attendances.
Haverton Hill Hebburn		20 80	12 48
Stockton—  (a) Durham Road		60	41
(b) Norton Road	• • •	60	50

## F. COUNTY FEDERATION OF VOLUNTARY WORKERS.

Meetings were held on three occasions during the year. These meetings give an opportunity for members to exchange ideas and to hear of the work carried out in the County as a whole. Talks were given on the work of the County Child Welfare Services by the Senior Administrative Medical Officer and on the Midwifery Service by the Superintendent of Midwifery and Home Nursing.

## G. PERINATAL MORTALITY.

During the year there were 551 perinatal deaths (still births plus deaths in the first week of life) compared with 606 in 1964.

An investigation first started in 1956 and continued annually in the Stanley and Consett Urban Districts into the circumstances of all still births and early neonatal deaths and including post mortem examinations of the infants has continued. The results of these investigations are reported at meetings of general practitioners, hospital medical staffs and local health authority medical officers in the area. Information on the cause of death, associated avoidable factors, etc. is provided and discussed.

The importance of adequate ante-natal care and proper selection of hospital cases becomes very obvious during these investigations. The co-operative effort between general practitioners, hospital and local health authority services is found to be very beneficial.

## H. PREMATURITY.

The number of premature live births rose in 1965 to 1,279 compared with 1,175 in the previous year. The proportion of all live births which were premature for the two years was 7.3% and 6.8% respectively.

More than half of the infants who died during the first year of life were premature and the majority of these deaths occurred during the first month.

The neonatal mortality rate of premature babies was 135.8 per 1,000 premature live births compared with a rate of 7.0 for mature infants.

					Born at home or in a nursing home.							
Weight at		Born	in Hospi	tal.	h	sed entirel ome or in arsing hor	a	Transferred to hospital on or before 28th day.				
Birth.		Total Births.	Died within 28 days.	% died.	Total Births.	Died within 28 days.	% died.	Total Births.	Died within 28 days.	% died.		
2 lb. 3 oz. or less		42	36	86	5	4	80	7	7	100		
2 lb. 3 oz.— 3 lb. 4 oz.	•••	84	33	39	1		_	7	1	14		
3 lb. 4 oz.— 4 lb. 6 oz.		173	39	23	24	2	8	48	7	15		
4 lb. 6 oz.— 4 lb. 15 oz.	•••	191	10	5	30	_		15	_	_		
4 lb. 15 oz.— 5 lb. 8 oz.		489	15	3	137	1	1	26	3	12		
Totals		979	133	14	197	7	4	103	18	17		

Care of Premature Infants Born at Home. Equipment for the home nursing of premature infants, including lined "Sorrento" cots, with mattress, blankets, sheets, hot water bottles, gamgee outfits and "Belcroy" feeders is available at short notice to any midwife who requires it.

There is a special unit for premature infants at both the Richard Murray Hospital, Blackhill, and Dryburn Hospital, Durham, and, if in other areas, institutional treatment is considered desirable the general practitioner arranges admission to a paediatric unit.

An incubator for the transport to hospital of premature babies is kept constantly warmed at the Ambulance Headquarters, Framwellgate Moor, and arrangements are in operation for the use of incubators based at Newcastle upon Tyne, Darlington, Gateshead, South Shields, Sunderland and West Hartlepool Ambulance Depots and at four hospitals in the County area.

## I. MATERNAL MORTALITY.

The following are details of maternal mortality in the county during the past ten years:—

		Births		Maternal
		registered	No. of	Mortality Rate.
		(live and	Maternal	per 1,000
		still).	deaths.	births registered.
1956	•••	16,842	18	1.07
1957	•••	17,506	7	0.40
1958	•••	17,827	8	0.45
1959	•••	17,384	6	0.35
1960	•••	18,045	6	0.33
1961	•••	17,806	5	0.28
1962	•••	18,269	6	0.33
1963	•••	17,983	4	0.22
1964	•••	18,087	2	0.11
1965	•••	17,940	4	0.22

Three of the maternal deaths occurring during 1965 involved mothers in the 20-29 years age group, the fourth being in the 30-39 years age group. The deaths were due to toxaemia, eclampsia, pulmonary embolism and self induced abortion respectively.

## SECTION 23-MIDWIFERY

# (i) STAFF.

At the end of the year 115 district midwives and 24 district nurse-midwives, who spent approximately half their time on midwifery duties, were employed and relief work was undertaken by six midwives. Difficulties in recruitment resulted in a shortage of staff in certain areas and the services of four midwives were retained beyond normal retirement for this reason.

Car allowances were paid to 93 district midwives who used their own cars on duty.

The following numbers of midwives gave notice of intention to practice in the administrative county during the year:—

District midwives	•••	•••	•••	•••	155
District nurse-midwives	•••	•••	•••	•••	26
Midwives in hospitals	•••	•••	•••	•••	134
Midwives in private practice		•••	•••	•••	13
					328

# (ii) CASES.

Although domiciliary confinements continued to decrease, more patients were discharged from hospital before the tenth day, particularly those returning home within 48 hours of delivery.

			1964		1965	
Domiciliary confinements during the year	•••	•••	6,339	(35%)	5,696	(32%)
Total hospital confinements	•••	•••	12,004	(65%)	12,208	(68%)
Hospital patients discharged before the tenth	day		4,847		5,773	
• •			% of hosp	oital	(47%  of hosp)	oital
		del	iveries).		deliveries).	

It is recognised and accepted that if the maternal and perinatal mortality and morbidity rates are to be reduced further, certain expectant mothers belonging to the "high risk" groups should be delivered in hospital, where any complications occurring can be recognised and dealt with without delay. Unfortunately, because of the shortage of hospital maternity beds it is at present quite impossible to achieve this objective. However, greater use is being made of the available beds by discharging selected mothers earlier than the accustomed tenth day.

While this practice can be valuable, it must be done in a controlled way, good co-operation must exist between all sections of the maternity service—and there must be pre-planning, unity of purpose and continuity of care.

In addition to reporting any abnormality in a mother or baby, details about infants considered to be "at risk" were notified to me so that these children could be registered and kept under supervision.

In order to improve the liaison in the domiciliary maternity services midwives continued to attend a number of ante-natal clinics held by general practitioners in their surgeries, and it was possible to make more of these arrangements during the year.

Midwives were also present at the local authority ante-natal sessions and worked with health visitors as instructors at mothercraft and relaxation classes at child welfare centres in five areas of the county.

	Doctor no	ot booked.	Doctor	booked.		Discharges from hospital before 10th day.	
	Doctor present at delivery.	Doctor not present at delivery.	Doctor present at delivery.	Doctor not present at delivery.	Totals.		
District midwives and nurse-midwives	. 23	80	899	4,644	5,646	5,772	
Midwives in private practice	. –		21	29	50	1	
Total	. 23	80	920	4,673	5,696	5,773	

The midwives requisitioned medical help on 2,241 occasions, and the following statement gives particulars as to the reasons for so doing:—

1.	Ante-natal examination-ger			•••	• • •	•••	•••	•••	•••	51
2.	Ante-natal examination—alb	uminuria	•••	•••	•••	•••		•••	•••	307
3.	Threatened miscarriage	•••	•••		•••	•••	•••	•••		21
4.	Miscarriage	•••								13
5.	Contracted pelvis, dispropor					outlet	•••	•••		_
6.	Malpresentation		•••		•••	•••	•••	•••	•••	98
7.	Ante-partum haemorrhage	•••	•••	•••			•••		•••	100
8.	Placenta praevia		•••		•••					4
9.	Prolonged or delayed labour			•••						222
10.	Post-partum haemorrhage	••••		•••	•••	•••	•••	•••	•••	56
	Retained or adherent placent			•••	•••	•••	•••	•••	•••	97
11.		ia of men	noranes	•••	•••	•••	•••	•••	•••	
12.	Ruptured perineum	•••	•••	•••	•••	•••	•••	•••	•••	517
13.	Premature birth	•••	•••	•••	•••	•••	•••	•••	•••	94
14.	Puerperal pyrexia	•••	•••	•••	•••	•••	•••	•••	•••	45
15.	Other conditions of mother	•••	• • •	•••	•••	•••			•••	67
16.	Inflammation of child's eyes	•••	•••	•••	•••	•••			•••	49
17.	Congenital malformation	•••	•••	•••	•••	•••	•••			26
18.	Other conditions of baby	•••	•••		•••	•••				121
19.	Stillbirth									16
20.	Neonatal death									7
21.	Other reasons	•••	•••	•••	•••	•••	•••			330

# (iii) Courses and Training.

Lectures by senior nursing administrative staff were given to groups of pupil midwives, and domiciliary midwifery training continued under the supervision of eleven teaching midwives. All of the 33 pupils were successful in Part II of the examination of the Central Midwives Board.

Post graduate courses were attended by 26 district midwives in accordance with the rule of the Central Midwives Board.

## SECTION 24—HEALTH VISITING

Because of the shortage of staff, health visitors had to be more selective in their visiting. Home visits were paid to advise mothers and their families on matters concerning health and welfare, especially in the case of expectant and nursing mothers, infants, schoolchildren, those suffering from or in contact with cases of tuberculosis and the aged. They continued to supervise mentally subnormal children, those discharged from hospital needing advice or community care and those infants considered to be "at risk" (i.e. where adverse conditions existed either before, during or after delivery which might predispose to abnormalities or disabilities).

The usual enquiries regarding death of children from pneumonia, bronchitis, prematurity, stillbirths and accidents were made during the year.

The care of the unmarried mother and her child formed a link between the health visitor and the moral welfare workers, and co-operation continued with the Children's Officer in the boarding out and the adopting of children. Attendance at special case conferences regarding certain families and intensive home visiting of these families helped considerably in the prevention of family break-up. The voluntary organisations assisted by providing material help to complement that given by statutory bodies.

# HEALTH EDUCATION.

Health education continued to be a primary duty and was carried out in the home as well as in the form of group discussions in child welfare centres and mothers' clubs. "Mothercraft classes" were greatly extended and "health days" were held in a number of centres during the year, when certain themes of health education (including the relationship between smoking and lung cancer) were presented to the public by demonstration, talks and films. Talks were also given to various professional and other groups and at certain schools. Further courses of in-service training for the staff were provided during the year.

Three health visitors continued contact tracing and health education duties in relation to venereal disease.

#### SCREENING TESTS FOR PHENYLKETONURIA.

Screening tests were carried out in 13,052 cases. There was no confirmed case of phenylketonuria during the year.

## DETECTION OF HEARING DEFECTS IN YOUNG CHILDREN.

It has been possible during the year to carry out screening tests on children from the age of 7 months to 5 years at child welfare centres and in some cases in the home. The response of mothers differed in many areas, but health visitors continued to advise attendance at sessions for the early ascertainment of deafness.

#### IMMUNISATION AND VACCINATION.

Much time was spent in carrying out immunisation and vaccination programmes. Response to propaganda was good. The health visiting staff co-operated in an intensive poliomyelitis vaccination programme carried out as an emergency measure in the Ferryhill area. The scheme for the Heaf testing and follow-up of school entrants continued throughout the year.

# TUBERCULOSIS.

Health visitors continued to advise all tuberculous persons and their families in their own home, although the numbers requiring such visits continued to decrease. Contacts were advised regarding the spread of infection and the special schemes for Heaf tuberculin testing in the home continued in the Durham and Felling areas. Liaison with chest physicians continued, although some of the clinic sessions were transferred to a hospital setting. Tuberculin testing (Heaf testing) was carried out by health visitors in chest clinics and in schools. Assistance was given with B.C.G. vaccination and follow-up, and in the case of tuberculous families advice was given to domestic helps, where this was necessary.

## THE MENTALLY SUBNORMAL

Visits were made to advise the mentally subnormal and their families in their own homes. The supervision of a number of cases both male and female was taken over during the year by the mental welfare officers.

## HEALTH VISITOR AND GENERAL PRACTITIONER LIAISON SCHEME.

An intensive effort was made during the year to increase the liaison with general practitioners. Two methods were adopted, one in which health visitors paid regular visits to the general practitioner, when discussion was possible on cases of mutual interest. Under the second scheme health visitors attended for special sessions at the general practitioner's surgery and took part in the work undertaken there. In some cases this included baby clinics and sessions for relaxation, mothercraft, and health education. Discussion on the care of the aged and infirm was a basis for co-operation in many cases.

# HOSPITAL FOLLOW UP

There was very good co-operation during the year with medical staff and medical social workers in all types of hospital. Cases were investigated prior to and following discharge from hospital, when advice was given on community care, and health visitors continued to attend weekly ward rounds at the out-patients clinic at the Durham Road Children's Hospital, Stockton, and at the South Shields General Hospital paediatric clinic.

The investigation of ante-natal cases for admission to maternity hospitals on social grounds was continued, this service took up a good deal of the health visitors' time, as in many cases expectant mothers were at work and repeated visits had to be made before they could be interviewed. This necessitated a good deal of evening work.

## THE AGED.

Much time was spent in trying to maintain the health of the aged and liaison was continued with medical social workers regarding them. Home visits were paid according to need and advice given regarding suitability of the aged for special services such as meals on wheels, laundry service, medical aids and equipment and convalescent holidays. Health visitors continued to visit those aged who were on the waiting list for residential accommodation.

# SUMMARY OF THE WORK DONE BY HEALTH VISITORS.

The work of the	health	visitors	for 1	964 and	1 1965	is su <b>mn</b>	narisec	d below.			
Maternity and C	hild W	Velfare:	:							1964	1965
Ante-Natal Fir			•••			•••		•••	•••	5,606	4,563
Revisits	•••	•••	•••	•••	•••	•••	•••		•••	2,791	2,054
Births First vi	sits	•••		•••	•••	•••		•••		18,496	17,465
Revisits to chi	ldren	under 1	year	•••	•••	•••	•••	•••	•••	54,231	46,136
Revisits to chi	ldren	1-2 year	rs	•••	•••	•••	•••	•••	•••	40,778	34,102
Revisits to chi	ldren :	2-3 year	rs	•••	•••	•••	•••	•••	•••	38,420	32,527
Revisits to chi				•••	•••	•••	•••	•••	•••	34,566	29,523
Revisits to chi				•••	•••	•••	•••		•••	36,146	33,337
Revisits to chi	ldren :	5-6 year	rs	•••	•••	•••	•••	•••	•••	77	93
Other visits	•••	•••	•••	•••	•••	•••	•••	•••	•••	6,183	5,508
								Total		237,294	205,308
Tuberculosis:-											
First visits									•••	503	468
Revisits	•••	•••	•••	•••	•••	•••	•••	•••	•••	5,742	4,700
Other visits	•••	•••	•••	•••	•••	•••	•••	•••	•••	1,120	740
Other visits	•••	•••	•••	•••	•••	•••	•••	•••	•••		
								Total	•••	7,365	5,908
School Work :-	_										-
School Childre	en (H	ome vis	ite)						•••	15,226	12,516
School Childr				•••	•••	•••	•••	•••	•••	1,667	1,266
School Childr	cii (bc	J1001 V1	3163)	•••	•••	•••	•••	•••	•••		
								Total	•••	16,893	13,782
General Health	:										
Visits	•••	•••			•••	•••	•••		•••	6,557	5,236
											·
Mental Subnorn	nality:	:									
Visits paid to	menta	lly sub	norma	l person	ns	•••	•••	•••	•••	5,772	5,191
		·									
Aged People:-											
Visits	•••	•••	•••	•••	•••	•••	•••	•••	•••	25,767	20,430
Summary :—											
Number of ef	fective	visits	•••	•••			•••	•••	•••	299,648	259,077
Ineffective vis	its	•••	•••	•••	•••		•••		•••	38,637	31,354
Total number	of wie	eite								338,285	287,215
			•		1	1	m		•••	•	•
Time (as days	s) sper	nt on vi	sits (r	outine,	otner a	ind met	rective	e)	•••	15,216	13,499

# STAFF.

At the end of the year the health visiting staff numbered 113 including one working patt-time only. Staffing remained much below establishment during the year. Health visitors with cars were able to assist in partially covering more than twenty vacant areas and staff are to be commended for so willingly undertaking the many extra tasks given them. The recruitment rate in the service is very low.

## HEALTH VISITORS TRAINING SCHOOL.

Eight students in training were successful in obtaining the Health Visitor's Certificate at the first attempt, a further two being successful at a later date.

## SECTION 25—HOME NURSING

# (i) STAFF.

In addition to 115 whole-time district nurses on the staff at the end of 1965 there were 24 district nurse-midwives who spent approximately half their time on home nursing duties. A further 42 nurses were employed on relief work during the year.

At the end of the year 87 nurses and 20 nurse-midwives were authorised car users.

## (ii) CASES.

The total number of cases dealt with and visits paid by home nurses during 1965 showed little change from the previous year. Of the total case load 50% were over 65 years of age and this group received 59.5% of the visits paid. Maternal complications requiring the visit of a home nurse again showed some increase.

The "Night Sitters" service for cancer patients in the terminal stages of their illness continues with the financial support of the Marie Curie Memorial Foundation. In two cases, by special arrangement day sitters were employed.

Help has continued to be given in the form of grants of money for extra nourishment through the Foundation.

Good liaison between nurses and general practitioners was maintained and there were more contacts with almoners in the care of patients discharged from hospitals.

## (iii) Courses and Training.

Student nurses from Shotley Bridge General Hospital, Bishop Auckland General Hospital, Sedgefield General Hospital and Dryburn Hospital accompanied home nurses for observation visits on the district as a part of their training, and lectures on home nursing were given to them and also to student nurses at Sedgefield General Hospital by senior nursing administrative staff.

Nine district nurses were seconded to the training school at Newcastle upon Tyne for district nursing training all of whom were successful in passing the examination.

Home Nursing statistics are given in Table 7—Section H.

## SECTION 26—VACCINATION AND IMMUNISATION

SMALLPOX, DIPHTHERIA AND WHOOPING COUGH.

Leaflets drawing attention to the need for children to be protected against smallpox, diphtheria and whooping cough are sent to parents by post when their children attain the age of three months. Further leaflets regarding smallpox vaccination and diphtheria immunisation are despatched when children are one year old. These leaflets give details of the facilities available for vaccination and immunisation and urge parents to have their children protected against smallpox, diphtheria and whooping cough.

The health visitors are supplied with details of the vaccination and immunisation state of children in their areas so that they may, during their routine visiting, encourage parents to take advantage of the facilities. Advice is also given by assistant welfare medical officers and health visitors at child welfare centres.

The vaccinations and immunisations are carried out by the general practitioners at their surgeries and by the assistant welfare medical officers at child welfare centres.

During the year diphtheria immunisation schemes were undertaken in infant and junior schools in most parts of the County.

Tables 8 and 9, Section H, give details of the numbers of children vaccinated and immunised in the County throughout the year.

#### POLIOMYELITIS VACCINATION.

When the children attain the age of three months parents receive leaflets drawing attention to the need for their children to be protected against poliomyelitis. These vaccinations are carried out by the general practitioners at their surgeries, or by the assistant welfare medical officers at child welfare centres.

During the year 19,529 children under the age of 16 years had a primary course of oral vaccine and 20,979 received a reinforcing dose; 205 children had a primary course of "salk" vaccine and 187 received a reinforcing dose.

Table 9, Section H gives details of poliomyelitis vaccinations carried out during the year.

## SCHEDULE OF VACCINATION AND IMMUNISATION.

The following is the schedule of Vaccination and Immunisation in use in the county.

Age.		Vaccine.				Interval.
3rd month	•••	Triple (diphtheria, tetanus and pertussis)	•••	•••	(1st)	
4th month		Triple (diphtheria, tetanus and pertussis)	•••	•••	(2nd)	4 weeks
5th month	•••	Triple (diphtheria, tetanus and pertussis)	•••	•••	(3rd)	
6th month	•••	Poliomyelitis oral		•••	(1st)	
7th month	•••	Poliomyelitis oral		•••	(2nd) }	4 weeks
8th month		Poliomyelitis oral	•••	•••	(3rd)	
12th-24th	•••	Smallpox vaccination.				
18th month		Triple (diphtheria, tetanus and pertussis)	•••		1st booster	
5th year	•••	Diphtheria and tetanus Poliomyelitis oral			2nd booster 1st booster	
9th year		Diphtheria and tetanus Smallpox (re-vaccination)	•••	•••	3rd booster	
11th year		B.C.G. (tuberculosis vaccine)				

## SECTION 27—AMBULANCE SERVICE

## 1. PRESENT ARRANGEMENTS.

The service operates by means of a central control at Framwellgate Moor, Durham City, two subsidiary message receiving centres, 19 ambulance depots, 130 ambulance vehicles and 315 staff.

These are distributed as follows:-

(a) Headquarters and Central Control Staff.

Ambulance officer.

4 Staff officers (1 for civil defence training).

Maintenance officer.

3 control room supervisors.

7 control room assistants.

2 telephonists.

3 switchboard operators.

(b) Depots.

		Driving Staff.	Vehicles.	Driving Staff. Vehicles.
Barnard Castle	•••	2	1	New Herrington 23 6
Bishop Auckland	•••	29	10	Newton Aycliffe 2 1
Chester-le-Street	•••	11	7	Seaham 8 5
Consett	•••	12	7	Stanley 28 8
Crook	•••	8	4	St. John's Chapel 2 2
Durham	•••	39	15	Stockton 29 11
Fishburn	•••	9	6	Washington 7 5
Hartlepool	•••	5	1	Wheatley Hill 32 11
Hebburn		29	10	Winlaton 9 6
Middleton-in-Tees	dale	2	1	Headquarters Pool — 13

(c) Other Staff.

2 liaison officers.

2 depot telephonists.

4 mechanics.

To ensure that peripheral parts of the county are covered for emergency purposes the County Council has arrangements with the County Boroughs of Darlington, Hartlepool and South Shields, whereby the Borough ambulance services undertake journeys for the County Council a charge being made to the County Council. The charges made are on a mileage basis with a minimum call-out fee in each case.

## 2. Work Undertaken in 1965.

			No. of Journeys	No. o	Total Mileage			
	Year.		made.	Stretcher cases.	Sitting cases.	Total.	covered.	
_	1964	•••	97,714	54,275	356,874	411,149	2,629,853	
	1965		96,072	51,559	348,467	400,026	2,600,320	
_								
De	crease	•••	1,642	2,716	8,407	11,123	29,533	

Long Distance Journeys. The following is a statement of long distance journeys undertaken during the year:—

Cumberland Essex Lancashire Nottinghamshire	 •••	•••	•••	35 3 5 1		shire	ire 	•••	•••	•••	1 25 1
	Totals	s:	•	rneys	•••	•••	71 13 128				

In addition to the long distance journeys undertaken by ambulances, arrangements were made for 145 patients to be transported by rail. Trends and detailed statistics from 1948 are shown in Table 10, Section H.

Twenty-five new ambulances entered the service during the year and orders were placed for twenty-six ambulances for delivery during the financial year, 1966/67.

At the end of the year there were 130 vehicles operating, 13 more than at the end of 1964 and 7 below establishment.

		mbulances onventional.	Light Sitting-case vehicles.
Number of vehicles at beginning of year	 	99	18
Unserviceable and withdrawn during the year	 •••	7	5
New vehicles	 •••	25	
Number of vehicles at end of year	 	117	13

Four mechanics are employed and operate from repair units located at Crook, Durham and Stanley. Major repairs are carried out at the Central Repair Depot of the Highways and Bridges Committee.

Plans were drawn up, submitted to the Ministry and approved, for a much needed new building for the central control to relieve the present congestion in ambulance headquarters.

Casual labour was again recruited to provide temporary driver-attendants during the holiday period of the permanent driving staff.

Liaison was maintained throughout the year with trade union representatives regarding staff working conditions and amenities generally.

The arrangement entered into with the National Coal Board for emergency ambulance cover at weekends was extended for another year.

An arrangement was brought into operation during the year in conjunction with the Ambulance Services of Newcastle and Northumberland whereby a twice weekly service to and from the Silloth Convalescent Home, Cumberland, was provided by one authority transporting from Newcastle to the Home and back patients residing in the two geographical counties and the North Riding of Yorkshire. Each constituent authority is responsible for conveying its patients to and from Newcastle.

# SECTION 28-PREVENTION OF ILLNESS, CARE AND AFTER-CARE.

## I. TUBERCULOSIS.

Existing services operating in the county are as follows:—

# A. B.C.G. Vaccination.

Routine vaccination is carried out by the chest physicians at the chest clinics and during the year 1,664 contacts were skin tested and 1,261 vaccinated.

Tuberculin testing and vaccination of all schoolchildren aged 11 years and upwards is arranged by the assistant county medical officers. During the year 12,153 school children were skin tested, 12.1% were found to be tuberculin positive and 9,642 were vaccinated.

227 students attending further education establishments were skin tested and 144 were vaccinated.

# B. Tuberculin Testing of School Entrants.

The tuberculin testing of school entrants to indicate if they have been in contact with a case of tuberculosis was continued. The skin tests are carried out by the health visiting staff one week prior to the scheduled medical examinations the result of the test being read by the school medical officer at the medical examinations. During the year 234 schools were visited, 7,130 children were skin tested and 116 (1.6%) were found to be tuberculin positive and referred to a chest physician for further investigation. Of these four were notified as new cases of tuberculosis.

# C. Occupational and Diversional Therapy.

No occupational therapist is directly employed solely for the tuberculous but the staff dealing with the handicapped persons were available during the year. Use was made whenever possible of help which could be obtained from the National Assistance Board, Ministry of Pensions and voluntary agencies such as care committees and the British Red Cross.

# D. Incidence and Mortality.

The number of primary notifications of respiratory tuberculosis received during the year was 257 and of non-respiratory tuberculosis 49, compared with 322 and 65 respectively in 1964. (See Tables 11, and 12—Section H). The total notifications for the year (306) show a reduction of 81 compared with 1964 and give an incidence rate for all forms of tuberculosis of 0.31 per 1,000 population, the rate for 1964 being 0.40.

Tables 13 and 14—Section H give the number of deaths from respiratory and non-respiratory tuberculosis under relevant age periods and in separate county districts and areas.

The number of deaths from respiratory tuberculosis (68) has increased by eight. Deaths from non-respiratory tuberculosis (6) showed an increase of two compared with 1964.

Tables 15 and 16—Section H give details of the incidence of tuberculosis since 1936.

Comparisons of the res	pirator	y tube	rculosis	death-rate	for the year	s 1961-1965	are shown	below:—
Rate per 1,000	living.			1961	1962	1963	1964	1965
Municipal Boroughs in	the Co	unty	•••	0.09	0.04	0.07	0.05	0.09
Urban Districts	•••	•••	•••	0.07	0.06	0.04	0.07	0.06
Rural Districts	•••	•••	•••	0.08	0.06	0.07	0.06	0.06
Administrative County		•••	•••	0.08	0.06*	0.06*	0.06*	0.07
England and Wales	•••	•••	•••	0.07	0.06	0.06	0.05	0.04†

<sup>\*</sup> This death-rate of 0.06 per 1,000 population is the lowest on record for this administrative county.

<sup>†</sup> Provisional.

Over the years, and particularly recently, the character and incidence of tuberculosis has changed, and is still changing considerably. The massive wide spread infections of the past have disappeared and as with many other previously endemic infectious diseases we have now reached the stage of having to deal with sporadic cases or small localised outbreaks. On examination of the statistics it is seen that while the trend found in the country as a whole over the last 20 years is similar to that in this county, rates were originally higher in the county, but decline has been more rapid and they are now similar.

Future duties and responsibilities of a local health authority in attempting the eradication of tuberculosis must include:—

- (1) Taking an active part in health education to prevent the spread of tuberculosis.
- (2) Being responsible for tracing contacts in consultation with chest physicians, possibly carrying out tuberculin testing in the home.
- (3) Making provision for tuberculin testing of school entrants with follow-up of positives and also using them as indicators of a source of infection.
- (4) Arranging B.C.G. vaccination of school children in 11 year + age group.
- (5) Supervising patients at home when advised to do so by chest physicians or general practitioners.
- (6) Carrying out after-care work—extra comforts, nursing appliances, domiciliary nursing and home helps.
- (7) Providing diversional or occupational therapy.

To further these ends, health visitors should attend tuberculosis out-patient departments.

## II. VENEREAL DISEASES.

The venereal diseases treatment centres are administered by hospital management committees and the figures in Table 17,—Section H, have been compiled from returns submitted by hospitals where such clinics are held, and are in respect of patients from the Administrative County who attended during the year. Patients very often prefer to attend a clinic outside the area in which they live so the incidence of disease in an area may not necessarily follow the pattern of any particular clinic. During the year, the the Durham Clinic closed, with the result that more patients attended the Sunderland Clinic.

Social work was undertaken by three health visitors as a normal part of their duties. During the year, an additional health visitor was appointed by the Sunderland Authority to work in parts of the Administrative County and in South Shields, as well as in Sunderland, her salary etc., being shared by the three authorities. The following is a summary of the work done during the year:—

Cont	acts.	Defau	ılters.	Oth	ers.	Total.		
Cases.	Visits.	Cases.	Visits.	Cases.	Visits.	Cases.	Visits.	
7	24	27	45	5	6	39	75	

## III. CANCER.

Table 18 of Section H gives the number of cancer deaths in each sanitary district during 1965 tabulated to show the organs affected together with the sex and age incidence. The following are comparative statistics in respect of total cancer mortality (including lung cancer) for the administrative county and England and Wales for the past ten years.

Year.	DURHAM	COUNTY.	England and Wales.		
1 EAR.	Deaths.	Death-rate	Deaths	Death-rate	
1956	1,852	2.01	94,354	2.11	
1957	1,786	1.92	95,645	2.13	
1958	1,807	1.93	95,804	2.15	
1959	1,921	2.04	97,117	2.17	
1960	1,895	1.99	98,788	2.19	
1961	1,895	1.98	99,915	2.19	
1962	2,002	2.08	101,608	2.20	
1963	1,941	2.00	102,416	2.21	
1964	1,912	1.97	104,698	2.24	
1965	1,980	2.03	*106,338	2.23	

\* Provisional.

Cancer of the lung, especially in males, has shown the only real increase in recent years. This is shown in the following mortality rates for the County.

Year.		Total Death- Rate per 1,000		
Teal.	Males.	Females.	Total.	population.
1956	265	38	303	0.33
1957	290	45	335	0.36
1958	310	59	369	0.39
1959	345	56	401	0.42
1960	320	47	367	0.39
1961	355	47	402	0.42
1962	394	67	461	0.48
1963	405	52	457	0.47
1964	422	58	480	0.49
1965	407	63	470	0.48

# Cervical Cytology.

At the end of 1964 the Newcastle Regional Hospital Board designated four screening centres at Darlington, Gateshead, Middlesbrough and Sunderland, to which cervical smears from different parts of the County could be sent for examination. As the necessary technicians received their training for this work, the screening centres were able to increase their capacity to accept smears from general practitioners, family planning clinics and local authority clinics.

Although some general practitioners take smears from patients on their lists it was agreed with the Local Medical Committee that local authority clinics should be set up as necessary for this purpose. The approval of the Minister of Health was obtained for an amendment to the County Council's proposals under Section 28 of the National Health Service Act to allow the authority to provide this service.

The first weekly session was held at the maternity and child welfare centre at Billingham on 4th August. The clinic was held in the evening as it was felt that this would be the most suitable time for married and working women. The tests were offered to women aged 30 years and over and the session was on an

appointment basis, up to 40 women being invited for each two-hour session. The staff consisted of a doctor and nurse employed on a sessional basis, and a clerk. Voluntary assistance was given by members of the British Red Cross Society who supervised the waiting and changing rooms.

Reports on the smear tests and details of any abnormalities noted during the examination were sent to general practitioners and the patients were also informed when the result was negative. Cases requiring further investigation were referred their general practitioners.

A second cytology clinic was started at the maternity and child welfare centre, Hebburn on 14th October with similar arrangements.

In Stockton M.B. and Easington R.D. similar weekly sessions were held in the health centres on the Hardwick Estate, Stockton commencing on 18th August and at Peterlee on 12th November.

				STAT	ristics.					
					Billingham	Hebburn	Easington	Stockton		
No. of sessions held	•••			•••	22	10	6	17		
Total No. of smears take	n	• • • •			660	207	101	220		
No. of repeat smears*		•••			4	9	1	3		
No. of positive cases				•••	3	2	_	_		
No. of smears taken from persons resident										
outside Administrative	Ĉoun	ty	•••		15	5	2	10		

<sup>\*</sup> These figures are included in the No. of smears taken.

Madam Curie Foundation.

In addition to acting as agents for the "Night Sitter" Service the County Council also acted for the Madam Curie Memorial Foundation in the provision of extra nourishment and clothing for cancer patients.

# IV. NURSING EQUIPMENT.

A central store of appliances is maintained in the Health Department and a local store of smaller articles of equipment at Hartlepool. Stores are also maintained at Easington and Stockton. Issues are made on the recommendation of a doctor, health visitor, district nurse or almoner. District nurses are notified of all patients in their districts who have equipment on loan and they maintain a general supervision, notifying the Health Department when the equipment is no longer required.

Liaison with almoners of the hospitals receiving patients from the administrative county is maintained. Special attention is given to those cases of paraplegia and no charge is made to them for equipment supplied.

Over 60 different items were provided during the year.

## V. Convalescent Homes.

During the year arrangements were made, on medical recommendation, for the admission of 44 county patients to convalescent homes for recuperative holidays as follows:—

The Metcalfe Smith House, Harrogate ... 9 Rose Joicey Home, Whitburn ... 35.

In 26 instances the County Council was responsible for the full maintenance charges and in the remaining 18 cases contributions were required from the patients or their families.

Seventen other patients, after arrangements were made, cancelled their applications for various reasons

#### VI. HEALTH EDUCATION.

The Health Education Officer joined the department at the beginning of the year and undertook a comprehensive survey of the existing activities in this field in the County.

The majority of this work has so far been carried out by health visitors in their daily contacts with mothers in the home and in the child welfare centres, but in some areas projects have been organised locally in the form of Health Days at which exhibition material was displayed in the clinic or local hall. The report recognised the need for the planning and co-ordination of health education programmes well in advance throughout the County, standard display areas in each centre and a comprehensive supply of visual aids, a service of information and a syllabus for teaching health topics in schools.

For the first time a display was included in the County Council's exhibit at the County Show and the subject chosen was "Services for the Elderly". The facilities available through the Health and Welfare Department were illustrated and described by means of photographs and captions, the layout of the whole exhibit having been carried out by design consultants. The display was later circulated to several child welfare centres to bring it to the notice of a wider audience.

The Health Committee agreed that the Health Education Officer should be seconded for a full time course for the Diploma in Health Education during the 1965/66 academic year.

Publicity material on special subjects such as smoking and venereal disease was available for use in local projects and the franking of mail from the Health Department with slogans on health topics was continued.

A highly successful exhibition was held in the Peterlee Health Centre in October, when 440 school-children between the ages of 10 and 16 years attended. The health visitors personally conducted the children in small groups round the display and elaborated on the theme 'Positive Health'. Children were invited to produce posters portraying some aspect of the exhibition and those submitted proved the efficacy of the teaching.

## VII. CHIROPODY.

The chiropody services for the elderly which are provided both directly and through voluntary organisations with financial support from the County Council, continued to expand. Only the difficulty in recruiting suitably qualified chiropodists slowed the rate of growth of the service. In anticipation of this trend, the establishment of chiropodists was increased and a Chief Chiropodist was appointed to supervise the service. At the end of the year there were, in addition to the Chief Chiropodist three full-time senior chiropodists on the staff, and five chiropodists were employed on a sessional basis.

Due to the shortage of staff there was some delay in bringing the mobile clinic into use, but regular sessions were commenced in several areas where it was not possible to find suitable permanent accommodation. The clinic consists of a caravan divided into a surgery for the chiropodist and limited waiting space for the patients. Heating, lighting and power are obtained by connection to a mains electricity supply and the vehicle is towed by a landrover. Suitable parking space had to be found for the caravan adjacent to a building with a convenient electric power point to which the clinic could be connected and it was found by experience that the parking area should be large enough to allow the caravan to be positioned, hitched and unhitched with as little manhandling as possible. At one site, Rowlands Gill, the co-operation of the Blaydon Urban District Council was readily given to use the electricity supply of the Warden's accommodation at their Group Dwelling Scheme for the Aged and this has proved to be a particularly suitable and convenient arrangement.

All schemes run by voluntary organisations and supported by the County Council provided treatment free of charge, and equipment continued to be made available on free loan to assist them. Although there is a demand for domiciliary treatment it was reluctantly decided that as it is not possible to provide this service throughout the County owing to the shortage of chiropodists, financial assistance could not be given for an extension of the service in this way for the time being as it was felt that emphasis should be placed on building up the clinic service, which gives a more economical use of the chiropodist's time.

All the County Council's hostels for the elderly continue to be visited by chiropodists either employed on a sessional basis or by the full-time staff.

The following statistics show the extent of the service given during the year. The overall number of treatments, totalling 41,692 is an increase of 10,196 over the 1964 figure:—

			Direct Service.	Voluntary Organi- sations.	Stockton M.B.	Easington R.D.	Total.
Chief Chiropodists		•••	1	Nil	Nil	Nil	1
Chiropodists (whole-time)	•••		2	Nil	Nil	1	3
Chiropodists (part-time)	•••	•••	2	16	3	Nil	21
Treatment Centres	•••		23	54	2	9	88
Persons Treated :							
(a) Elderly	•••		2,232	6,345	391	729	9,697
(b) Handicapped		•••	Nil	53	Nil	Nil	53
Treatments:—							
(a) Elderly		•••	6,416	24,613	1,734	3,935	36,698
(b) Handicapped		•••	Nil	127	Nil	Nil	127

In addition, 794 residents in hostels for the elderly were given 4,867 treatments.

During 1965, grants amounting to £8,290. 9s. 10d. were made to voluntary organisations.

## VIII. PROVISION OF INCONTINENCE PADS.

The demand for disposable incontinence pads increased markedly during the year as the service became more widely known and the number of pads issued was 43,852, compared with 4,000 in 1964.

Although several District Councils arranged for disposal of soiled pads when this creates a problem—for instance, in houses without an open fire or other solid fuel appliance—no serious difficulty has been experienced so far, and in the majority of cases they are burnt in the domestic grate.

## SECTION 29—DOMESTIC HELP SERVICE

The demand for the service showed a further increase in 1965 and a greater number of households were provided with help than previously. The elderly and infirm comprised 87.0% of those receiving assistance and amongst the remainder were 28 families with special problems 13 of whom were still receiving help at the end of the year.

#### ORGANISATION.

Apart from the delegated areas of Easington and Stockton the County is divided into 17 areas, each supervised by an assistant organiser who engages and places the home helps. The assistant organiser investigates applications for help which are received from general practitioners, hospital and local authorities' medical and nursing staff and officers of other statutory and voluntary bodies, and also makes regular visits to the houses where helpers are employed to ascertain any changes in the circumstances and to ensure efficient deployment of staff to assist those with the greatest need.

All assistant organisers are employed full time and are encouraged to undertake the training course organised jointly by the Institute of Home Help Organisers and the N.A.L.G.O. Correspondence Institute. Future applicants for Assistant Organisers posts will be asked to undertake the course.

Talks about the service were given on two occasions.

#### HOME HELPS.

The home helps are a body of practical social workers, with experience in running a home, care of the elderly and management of children. They comfort and counsel the people they serve and are encouraged to have a cheerful and optimistic outlook as well as sympathetic understanding of the needs of the elderly. Helpers attending cases of tuberculosis are tuberculin tested and have a chest x-ray when they are assigned to the case and annually thereafter, so long as they are in contact with the disease.

## CHARGES.

The charge for the service was 5/5d. per hour at the end of December but the amount payable was reduced in accordance with the scale of charges which takes into account the ability of the family or individual to pay. 94% of the total cases receive a free service.

## Cost.

The estimated cost of the service for the financial year, 1965/66, was £497,500—£510 per 1,000 population. Although costly it is a most valuable community service, frequently making the difference between hostel or hospital admission and independence and continuing life in the community. Its more intangible value of dispelling loneliness, providing advice, support and the early ascertainment of specific needs is beyond question.

The following is a summary of the work accomplished:—

Cases being assisted at 1st January, 1965							5,858
WET IN THE THE TENTH OF THE TEN							3,153
	•••	•••	•••	•••	•••	•••	
Total number of cases assisted during year	• • •	•••	• • •	•••	•••	•••	9,011
Cases terminated	•••	•••		•••			2,210
Cases being assisted at 31st December, 1965	•••	•••	•••	•••	•••	•••	6,801
Cases on waiting list at 31st December, 1965	•••	•••	•••	•••	•••	•••	18
Visits paid by Assistant Organisers	•••	•••	•••			•••	68,871
Number of domestic helps employed at end of	year	(part-ti	me)	•••	•••		3,329

\* Includes 565 cases which ceased and recommenced later in the year.

Types of Case Assisted during the year.						Percentage of Tota!.
Maternity (including expectant mothers)	•••	•••	•••	•••	•••	1.4
Tuberculosis	•••	•••	•••	•••		0.5
Chronic sick (including aged and infirm)	•••	•••	•••	•••		96.3
Others						1.8

## MENTAL HEALTH

## ADMINISTRATION.

(a) The Mental Health Sub-Committee of the County Health Committee is responsible for the administration of the Mental Health Service.

# (b) Staff :--

Mental Health Executive Officer			•••		1
Mental Welfare Officers				•••	22
Supervisors, Junior Training Centres				•••	7
Assistant Supervisors, Junior Training Centres			•••		12
Trainee Assistant Supervisors, Training Centres			•••		16
Warden/Manager Residential Adult Training Centre				•••	1
Matron Residential Adult Training Centre					1
Craft Instructors (male) Residential Adult Training C	entre				3
Craft Instructors Adult Training Centres			•••		8
Assistant Matron, Residential Adult Training Centre	••		•••		1
Superintendents (Male) Adult Training Centres			•••	•••	4
Assistant Superintendents (Female) Adult Training Co	entres	•••	•••		4
Workroom Mistresses Adult Training Centres			•••		4

The excellent co-operation with hospital consultants has been maintained and a number of cases have been referred to hospital out-patient clinics for assessment and advice regarding the future treatment and training. The department has continued to have the part-time services of Dr. M. R. Walley, Consultant Psychiatrist, who visits centres regularly and has advised on a number of difficult cases. School medical officers carried out the routine annual medical examinations of all those attending training centres. Arrangements were also made for the examination of trainees at adult centres at the mass radiography units.

During the year four additional mental welfare officers were appointed. Three of these were to replace officers seconded for further training but one was an additional appointment in the south of the County. Three mental welfare officers were seconded to take a two year course leading to the Certificate in Social Work at the College of Commerce, Newcastle upon Tyne, and one officer to the one year course organised by the Institute of Social Work Training in London.

Three newly appointed officers attended a two week residential course organised by the National Association for Mental Health in conjunction with the Department of Adult Education and Extramural Studies, University of Leeds. One assistant supervisor successfully completed the National Association for Mental Health One Year Diploma Course.

# WORK UNDERTAKEN IN THE COMMUNITY.

# 1. In relation to mentally subnormal persons—

- (a) Ascertainment—cases of mental subnormality are notified by school medical officers, child welfare medical officers, private practitioners, hospital staff, health visitors and social workers. As previously stated very full use was made of hospital out-patient facilities for the diagnosis of mental subnormality and advice on prognosis and disposal. The scheme brought into operation in 1960 for routine testing of all infants born in the County to detect cases of phenylketonuria has been continued.
- (b) Under the provision of the Education Act, 1944, the local education authority made the following notifications to the local health authority under Section 57:—

	M	F	Total
Children considered unsuitable for education within the school system	41	34	75
Children who require further supervision after leaving school	17	16	33

(c) On the 31st December, 1965, there were 3,644 mentally subnormal persons on the register giving an ascertainment figure of 3.74 per 1,000 population in the Administrative County area. During the year 115 were added to the County Council register compared with 171 during 1964.

- (d) Supervision—the supervision of mentally subnormal persons has continued to be carried out mainly by health visitors who made 5,191 visits during the year. However, the practice of referring adult male subnormals to mental welfare officers has been continued and it is intended that this procedure will be extended.
  - (e) Guardianship—there are no guardianship cases in the County at present.
- (f) Junior Training Centres for mentally subnormal persons—the number of pupils receiving training at junior centres on 31st December was as follows:—

Centr	e.						Number of Pupils.
Bishop Auckla	nd	•••	•••	•••	•••		48
Consett	•••	•••	•••	•••	•••	•••	33
Durham (inclu	ıding	special	care)	•••	•••	•••	38
Hebburn	•••	•••	•••	•••	•••	•••	45
Newbottle	•••	•••	•••	•••	•••	•••	35
Darlington		•••	•••			•••	2
Gateshead	•••	•••	•••				7
South Shields		•••	•••	•••	•••	•••	2
Easington		•••		•••	•••	•••	44
Stockton		•••		•••		•••	51

In addition 16 children attended as day pupils at Prudhoe and Monkton Hospital.

Transport to the centres, mid morning milk and mid-day meals are provided at each centre while regular routine dental and medical examinations are carried out on all pupils.

The special care unit at Durham Junior Centre for children whose physical and mental handicaps render them unfit for training in the normal junior centre classes which was brought into use at the end of 1964, has continued to fill a very real need and on the 31st December seven children were in attendance.

Work on a new junior training centre in Chester-le-Street was well advanced during the year and it is anticipated that the Centre will be ready for occupation at Easter 1966. Work was also commenced during the year on extensions to the junior training centre at Consett which include dining room, assembly hall and staff room.

(g) Adult training centres for mentally subnormal persons—the number of trainees receiving training at adult centres on the 31st December was as follows:—

Centre.						No. of Trainees.
Bishop Auckland	•••	•••	•••		•••	52
Durham	•••	•••	•••	•••	•••	59
Fencehouses	•••	•••	•••		•••	68
Lanchester (Day)		•••	•••	•••	•••	38
Lanchester (Resid	lential)	•••	•••	•••	•••	19
Gateshead	•••	•••	•••	•••	•••	2
Easington	•••	•••	•••	•••	•••	9
Stockton	•••	• • •	• • •	•••	•••	36

Nineteen trainees also attended as day patients at Prudhoe and Monkton Hospital.

During the year inter-centre activities took place including a very successful sports day at Fencehouses in July and football matches during the Autumn. It is hoped to continue and extend these activities in future.

Work commenced early in the year on a purpose built centre for adult subnormals in the Hebburn area.

Bishop Auckland Adult Training Centre. This purpose built centre, the third to be built in the County and catering for approximately 60 adult subnormals, came into use on 3rd May, 1965. The accommodation includes two large workrooms, one of which is equipped with a power driven lathe, sawing machine and drill. There is also a self-contained flat with kitchen for training in domestic work, dining room, staff room, offices, toilet and kitchen facilities. As in other centres trainees receive general social training and wherever possible, simple instruction in reading, writing and number. In addition training in carpentry, gardening and other craft is given to the men whilst female training consists of craft work and

domestic work including simple cookery. The Centre has already provided equipment for County Council establishments and has also completed some outside contracts for the sorting and sewing of buttons onto cards and peeling onions etc.

Durham Adult Centre—during the year outside employment was found for four trainees. Of these, two were employed by the County Council one as a gardener and another as a temporary porter/handyman. The work of the Centre has continued and the car washing service has been particularly successful and it is planned to extend this. Work for the County Council has included bath seats for the handicapped, chiropody pedestals and firewood. Carton packing has been carried out for an outside firm and the garden has proved productive. The manager of the centre has continued to act as leader of a youth club organised by the local society for Mentally Handicapped Children for adolescent subnormals.

Fencehouses Adult Centre—this centre which came into use in December, 1964, is now well established. As already reported the first inter-centre sports day was organised by this centre and held in the grounds of the Fencehouses Y.M.C.A. Contract work has included bread trays for local bakeries and tea bags for catering firms. In common with other centres firewood has been provided for County Council establishments as well as local firms. Rugs have been made for County Council hostels and other craft work including the making of toys and Christmas crackers was carried out.

Lanchester Adult Training Centre. During the year outside employment was found for four trainees. Three of these had been placed in lodgings in the neighbourhood and consequently are able to keep in touch with the centre and the staff. During the year cookery classes were started for both male and female trainees and also instruction in beauty culture for the latter. The centre has continued to carry out a number of contracts including light engineering assembly, the manufacture of bread trays and wooden reels for barbed wire, and the making of dominoes. In addition, the printing department was extended and a number of orders have been executed for programmes, tickets and hand-bills. Relations with the local community have continued to be excellent and a number of visits have been paid by local organisations. During the summer trainees had a day trip to the Lake District and also visited the pantomime at Prudhoe and Monkton Hospital and a play in Durham. Trainees have continued to pay weekly visits to a local indoor swimming bath and have continued to cultivate a nearby garden. One or two trainees have also started to attend a local ice rink.

Easington Junior Training Centre. The centre continued to operate satisfactorily during the year and on 31st December, 1965, 44 children and 9 adults were in attendance.

Stockton Junior and Adult Training Centres. During the year the planned programme of expansion at both centres was continued. The junior centre caring for 51 children (40 in 1964) and the adult centre with 18 boys and 18 girls (30 in 1964).

In the adult centre the males continued with the contract work and new contracts were entered into with the same firms for model components. A number of polling booths have been completed and delivered and a further quantity are under construction.

(h) Hospital Admissions—during the year three patients were admitted to hospital under Order and 32 were admitted informally under the provisions of Circular H.M.(58)5. During the whole of the year 69 patients were admitted to hospital for short term care in accordance with the terms of Circular 5/52 of the Ministry of Health. Details of all admissions are given in Table 19, Section H.

## 2. In relation to Mentally Ill Persons.

During the year mental welfare officers investigated cases under the Mental Health Act, 1959, at the request of consultant psychiatrists, general medical practitioners and police etc., and Table 19, Section H. gives details of admissions arranged by them (it should be noted, however, that these figures are not the total of all hospital admissions for the year).

The very close liaison with hospitals has been maintained and the practice of mental welfare officers attending psychiatric out-patient clinics and case conferences has been continued. On the 31st December, 1965, some 942 cases, mainly referred by psychiatric hospitals, were under the supervision of mental welfare officers.

Mental welfare officers in the Durham area have continued to take a very active part in the running of a club for ex-patients and patients about to leave Winterton Hospital organised by the Durham and District Association for Mental Health.

### SECTION C-PREVALENCE OF INFECTIOUS DISEASES

Tables 20, 21, 22, 23, and 24—Section H give particulars of cases of infectious disease occurring during he year, and the mortality from the principal infective diseases.

Scarlet Fever. There were 572 cases and no death. The corresponding figures for 1964 were 636 cases and no death.

Whooping Cough. The number of cases (425) decreased by 145 when compared with the previous year. There was one death in 1965 compared with one in 1964.

Diphtheria. For the seventh year in succession there was no confirmed case.

Measles. The number of cases 10,532 showed an increase of 4,740. Two deaths were registered. The case rate was 11 per 1,000 population

Pneumonia. Notified cases decreased from 187 in 1964 to 135 in 1965. There were 659 deaths recorded.

Meningococcal Infection. During the year there were 8 cases and 3 deaths. In 1964 the figures were 15 cases and 2 deaths.

Acute Poliomyelitis. One case (Paralytic) was recorded during the year compared with one (non-paralytic) in 1964.

Acute Encephalitis. Seven cases were notified compared with two in the previous year.

Dysentery. A total of 332 cases occurred, an increase of 12 cases compared with the previous year.

Enteric or Typhoid Fever. Three cases were recorded during the year compared with none in 1964. No death occurred in 1964 or 1965.

Paratyphoid Fever. In 1964 there were 7 cases compared with 2 this year. No death was recorded in either year.

Food Poisoning. During the year 68 confirmed cases were recorded compared with 112 in the previous year.

Influenza. The number of deaths registered was 34, equal to a death-rate of 0.03 per 1,000 population compared with 25 deaths and a death-rate of 0.03 in 1964.

Diarrhoea and Enteritis (under 2 years of age):—Deaths registered (13) and the death-rate (0.013 per 1,000 population) were more than last year when 9 deaths occurred giving a death-rate of 0.009. The rate per 1,000 live births was 0.74 compared with 0.39 in 1964.

Puerperal Pyrexia. During the year there were 61 confirmed cases of puerperal pyrexia, compared with 80 cases in 1964. No death was registered from puerperal sepsis.

According to information received 56 cases had hospital in-patient treatment.

Ophthalmia Neonatorum. There were three cases of ophthalmia neonatorum notified during the year.

### SECTION D-NATIONAL ASSISTANCE ACT, 1948

### WELFARE SERVICES

### I WRI FARE OF THE PHYSICALLY HANDICAPPED.

### (a) Register.

At the end of the year there were 1,223 males and 1,020 females on the register of physically handicapped. This shows an increase of 341 during the last year. These physically handicapped persons were referred by hospitals, general practitioners, other staff of the health and welfare department, while the remaining cases came from various other statutory and voluntary social agencies, patients' friends and in some cases from the patients themselves.

### (b) Welfare Work for the Physically Handicapped.

The Senior Executive Social Worker continued to supervise the work of social workers and also that of the home teachers of the blind. During the year a senior social worker and four trainee social workers were appointed, while the number of general social workers employed remained at ten. Authority has been given for appointing further senior social workers. Arrangements were made during the year for social workers to be based at offices in seven different parts of the county.

The kind of help given to physically handicapped persons has varied widely. House alterations have been arranged and financed in co-operation with district councils, while a wide variety of aids for handicapped persons have been supplied. Other patients who have not needed material help have been given support by the social workers in facing their personal and family problems. There is also a scheme whereby Local Housing Authorities may obtain grants from the County Council towards the provision of houses specifically designed for physically handicapped persons.

### (c) Holiday Scheme for Physically Handicapped.

With the agreement of the Education Committee, the Health Committee were able to sponsor a further holiday scheme for physically handicapped persons at Walworth Castle, a special residential school, during the period 30th July to 27th August. Ninety-nine handicapped persons had the advantage of a holiday at Walworth during this four week period. The majority of the handicapped persons were conveyed to Walworth Castle by ambulance, the remainder finding their own way. The British Red Cross Society carried out the day to day administration, providing the staff for the project, and the venture was a great success. The British Red Cross are again to be congratulated on their magnificent effort.

### (d) Occupational and Diversional Therapy.

Two more occupational therapists were appointed during the year, making a total of three employed by the Health Committee. They visit handicapped persons in their homes in order to train them and assist them in various crafts. Assistance is also given by craft instructors who attend meetings of clubs for physically handicapped.

### (e) Car Badges for Disabled.

At the end of the year 233 car badges were in use by disabled drivers to enable them to obtain parking privileges. New applications for badges are made at the expiry of the disabled person's driving licence or at the time a new vehicle is obtained.

### (f) Voluntary Organisations.

The County Council has worked in co-operation with the Durham County Association for the Physically Handicapped and during the year made a further grant to help them in their work. The number of social clubs for physically handicapped persons sponsored by the County Association has increased during the year by two, to make a total of 19. These clubs continue to be invaluable as meeting places for physically handicapped persons, where they can take part in social, as well as handicraft activities.

Eleven young people attend the day work centre at the Percy Hedley School for Spastics of whom eight are resident in the Chipchase Hostel.

The Training and Work Centre administered by the Sunderland and District Spastics' Society (a voluntary organisation) had, at the end of the year, five of our adult spastics who were unable to obtain employment on account of their disability. Transport by taxi was provided for two spastics who would otherwise have been unable to attend the Centre, the cost of this transport being accepted by the County Council.

### (g) Residential Accommodation for Physically Handicapped.

Residential accommodation is provided for 45 physically handicapped persons at homes outside the County, run by voluntary organisations.

### II. WELFARE OF THE BLIND AND PARTIALLY SIGHTED.

### (a) Register and Registration of Blind Persons.

The number of blind persons on the County Council's register on the 31st December was 1,832, 20 more than at the end of 1964.

Blind	population	according	to	age	and	sex.

		1 & under	2- 4	5- 10	11- 15	16- 20	21- 29	30- 39	40- 49	50- 59	60- 64	65- 69	70- 79	80 & over	Total
Male	•••	1	_	11	12	10	25	45	82	123	67	80	185	170	811
Female			5	9	7	7	11	27	57	95	86	94	308	315	1,021
Total	•••	1	5	20	19	17	36	72	139	218	153	174	493	485	1,832

During the year the names of 269 blind persons were added to the register including 23 blind persons transferred into the County from other areas. Following surgical treatment, sight was restored to four persons previously registered as blind, all of whom were certified neither blind nor partially sighted. During the period under review 245 blind persons died or left the county area.

The eight part-time ophthalmologists appointed by the County Council examined 374 cases referred to them while in addition seven forms B.D. 8 were submitted by other ophthalmologists. These 381 cases are classified as follows:—

### First Examination:

No. certified blind	•••	•••	•••	•••		•••			•••	194
No. certified partially sighted	•••	•••	•••	•••	•••	•••	•••	•••	•••	65
No. certified not blind		•••	•••	•••	•••	•••	•••	•••	•••	40

### 

No case of retrolental fibroplasia was reported during the year.

### (b) Register of Partially Sighted.

The number of partially sighted cases on the register at the 31st December was 375, the sex and age classification being:—

		0-1	2-4	5-15	16-20	21-49	50-64	65 & over	Total.
Male	•••	 _	_	25	17	32	21	66	161
Female		 _		19	9	30	18	138	214
Total	•••	 _		44	26	62	39	204	<b>3</b> 75

In all cases of cataract, glaucoma, or any other disability a letter is addressed to the patient's private doctor informing him of the findings and the recommendations of the ophthalmologist. At the same time an offer is made for the case to be referred to the ophthalmology department of the nearest hospital, subsequent progress being notified to the medical practitioner as and when it becomes known to this department. In the majority of cases the medical practitioners avail themselves of this offer, and the arrangements have been found to work satisfactorily.

High Myopia. It has been the practice for many years for the school health service to notify the Health Department of all school leavers suffering from high myopia who are not registered blind or partially sighted persons. These cases are followed up by health visitors to ensure that the children continue to wear suitable spectacles and obtain replacements where necessary. Advice and assistance is given regarding suitable employment.

### (c) Employment.

The following information relates to trained blind persons in employment at the end of the year:—

		Institution Workers.	Home Workers.
Royal Institution for the Blind, Sunderland	•••	38	2
Cleveland & South Durham Institute for the Blind, Middlesbrough	•••	18	2
Hartlepool Workshops for the Blind, West Hartlepool	•••	5	
National Library for the Blind, Braille Copyists	•••	_	2
Catholic Blind Institute, Liverpool	•••	1	

On the 31st December the number of trained but unemployed blind persons was 10.

### (d) Home Teaching Service.

There are 15 qualified home teachers for the blind, of whom three are registered blind persons. During the year a further trainee home teacher was appointed. It is hoped, after a period of satisfactory training, to second trainees to the one year course arranged by the North Regional Association for the Blind, Leeds, with a view to them becoming qualified.

These members of the staff visit blind and partially sighted persons, teaching braille and moon type when required and acting as general social workers for all blind and partially sighted persons on the register. Five of the home teachers hold classes for the teaching of handicrafts, while the remaining home teachers provide tuition in handicrafts in the homes when required.

### (e) Social Centres.

Seven centres are established and operating in the County with the co-operation of the voluntary agencies. Home teachers visit the centres and provide help and guidance when necessary.

### (f) Placement Service.

By arrangement with the Ministry of Labour, use has been made of their Placement Officer in finding and placing suitable persons in open industry.

### (g) Holidays.

The Health Committee provided a week's holiday at Bridlington for 15 deaf blind persons, together with their attendants. The detailed arrangements for this holiday were made by the North Regional Association for the Blind.

### (h) Homes for the Blind.

At the end of the year there were 37 blind persons in homes for the blind, 30 of these being residents in Palatine House, Durham, the County Council hostel for the blind. The remaining seven lived in homes outside the County.

### (i) Talking Book Machines.

In June the Health Committee agreed to be responsible for the payment of annual rentals in respect of the loan of talking book machines of blind persons.

### (j) Doorbell Devices for the Deaf-Blind.

Towards the end of the year arrangements were being made for the installation of doorbell devices in the homes of four deaf-blind persons to enable them to be aware of a visitor ringing the doorbell.

### III. WELFARE OF THE DEAF.

The County Council scheme under Section 29 of the National Assistance Act approved by the Minister on the 27th September, 1952, operates throughout the county. Most of the work is carried out on an agency agreement by the Northumberland and Durham Mission to the Deaf and Dumb for the northern part of the county and the South Durham and North Yorkshire Association for the Deaf for the southern part of the county. Welfare officers visit and look after general welfare of registered persons. Five hard of hearing clubs operate throughout the county to which the County Council make a grant for administration, maintenance charges and equipment. At the end of the year the number of persons registered as deaf or hard of hearing was 882 classified as follows:—

			М.	F.	Total.
Under 16 years	•••	•••	42	64	106
16-64 years	•••	•••	339	263	602
65 years and over	•••	•••	84	90	174
Total			465	417	882
Total	•••	•••	403	<del></del>	002

At the end of December 56 school children (26 boys and 30 girls) were attending residential schools for the deaf, outside the county area.

### IV. WELFARE OF THE ELDERLY.

One of the results of improved medical and social services is that more people live longer and the deterioration associated with old age tends to be delayed. This deterioration in physical and/or mental faculties when it does occur frequently necessitates the deployment of a variety, or occasionally the whole range, of the authority's staff, employed to deal with the blind or partially sighted; the deaf; the physically handicapped; the mentally disturbed; the sick and the bed-ridden.

Over the years the elderly have been using an increasing proportion of the health and welfare services and this trend will obviously continue. During 1965, 60% of district nurses time, 8% of health visitors time and 87% of home helps were employed assisting old people in this county. At the end of December, 1965, in the administrative county there were approximately 102,650 persons over the age of 65 years and this number is expected to rise to 119,400 in 1971 and 131,800 in 1976.

The basic need of the elderly is for a home of their own where they can enjoy privacy and comfort with the social contacts which they desire.

Houses of suitable size and design are, therefore, particularly important, supplemented, where necessary, by welfare services including communal facilities, emergency bell systems, warden services, "meals on wheels" or "meals by neighbours" services, chiropody services, and adequate home nursing, home help and health visitor advisory services. Despite these services the time may still come when this support is insufficient and it is then that accommodation in a residential County Council hostel is needed. Here again the object must be to keep the elderly as happy as possible and out of hospital as long as possible.

During the year, to encourage the provision of communal facilities, wardens services etc., in association with houses for old people the County Council continued to make grants to district councils of a maximum of £30 per house per annum when such facilities are provided.

An expansion of home help and after-care service was necessary and greater financial assistance was given to schemes providing chiropody, meals on wheels, meals by neighbours and luncheon club services.

Continued support, financial and otherwise, was given to the Durham County and Tees-side Old People's Welfare Committee, a voluntary organisation which has been most successful in the sponsoring of clubs for old people and various social functions such as choir festivals.

The policy to provide more hostel accommodation with additional comprehensive facilities has been pursued.

### V. Family Case Work Service—Problem and Homeless Families Etc.

1965 has again been a year of development with social workers adjusting themselves to working from area bases. Although there were no resignations and only one new appointment made, a number of transfers of social workers was necessary to absorb trainee social workers on their introduction to field work and to cater for the return of two social workers from training courses and for the secondment of a further social worker on an applied social studies course.

The threat of homelessness, which presents such a profound problem affecting the whole security of a family, is one of the exacting situations with which the social workers have to deal. Most evictions result from rent arrears—usually persistent rent arrears. This final sanction invariably being preceded by several warnings. The Rent Act of 1965 has given added protection to tenants in privately owned property but, as most notifications of possible eviction came from district councils, the effect of the Rent Act had had little impact—council house tenants not being covered by the provisions of the Act. Early warning of families in difficulties, by housing officers of district councils is therefore greatly appreciated. There will, however, always be a number of families who frustrate or defy efforts made to help them. In terms of actual evictions this number is, fortunately, relatively small, 16 compared with 395 possible evictions.

The task of rehabilitating families rendered homeless is even more exacting than the attempted prevention of eviction. As an extension of the existing social work service a family rehabilitation unit came into operation, at Birtley, in November, starting with a nucleus of three families. Obviously short-term, dramatic results cannot be expected of this new venture and it will take several months, if not years, to evaluate the use of this unit.

Duties in Relation to Section I of the Children and Young Persons Act 1963.

Since the 1st April, 1964, when a Senior Family Welfare Officer commenced duty to co-ordinate social work with problem families in terms of prevention and rehabilitation, there has been consolidation and progress in this challenging work. Close liaison has continued to be maintained between the statutory and voluntary agencies and frequent area family case conferences have been held throughout the Administrative County area, including the excepted districts of Easington R.D. and Stockton M.B. These conferences continued to be held under the Chairmanship of the Assistant County Medical Officers. The family case conferences have a dual function of bringing to the notice of the various statutory and voluntary agencies problem families or families experiencing difficulties and in danger of breaking up; secondly, the conferences afford field-workers the opportunity of becoming acquainted and, therefore, improving liaison at field-level and consolidating relationships and understanding of the difficulties involved in this work.

Statistical returns for the year ended 31st December show that 6,684 families were notified to officers of the Health Department as being in need of advice or assistance, an increase of 3.9% over the period 1st April to 31st December, 1964. The system of early warning of notification of families likely to break down continues to work excellently due to the full co-operation, mainly of housing managers and health visitors as well as the officers attending the family case conferences.

Local authorities are authorised under Section I of the Act to provide financial and material assistance to families in an effort to prevent the break-up of the family and to reduce the need to receive children into care and authority was given to expend up to £25 in emergency on any particular family in need, additional expenditure being subject to the prior approval of the Chairman of the Health Committee. In this way, assistance was given on 28 occasions during the year and it was again found that bedding was the most common need. Assistance was also given to 25 families in the form of furniture which had been given by private persons, or which had been written off as of no further use by the County Council. In addition, officers obtained financial assistance from other sources in 99 cases and material assistance in 550. This is again evidence of the good-will of other agencies and in particular the W.V.S. have proved most helpful in supplying household effects and clothing.

The total case load of families under supervision by officers of the Health Department on the 31st December was 1,161. Not all of these families were necessarily on the verge of break-up, but all were considered to be in danger of developing more serious problems if there was no form of supervision. In addition, there were 30 families under supervision which had either been in temporary accommodation or at some time the members of the family had been separated for various reasons and in these cases more intensive supervision was undertaken to rehabilitate the family and to help establish the family as a unit.

VI. Temporary Accommodation (National Assistance Act, 1948—Section 21(b)).

### (a) Present position.

Continued use was made of the Cottage Homes at Houghton-le-Spring for families requiring temporary accommodation.

Initial adaptations to Lambton House and the former Birtley Nursery (named Lambton Grove) were completed during the year and the Superintendent and Matron commenced duty on 20th September, 1965. The first family was admitted to Lambton Grove on 9th December, 1965. Two families were subsequently transferred from the Cottage Homes, Houghton-le-Spring.

At Lambton House, emergency accommodation can be provided for three families. Up to the end of the year only one family had been admitted thereto. They remained for two days and were subsequently transferred to Lambton Grove for rehabilitation.

Further adaptations are considered necessary at Lambton Grove to provide a comprehensive rehabilitative service and pending such alterations, only part of the premises have been brought into use.

In view of the increased accommodation available, it is now possible to preserve the family unit by admitting husbands to temporary accommodation.

At the end of the year, the number of persons in temporary accommodation was as follows:—

Name of Unit.	Adults.	Children.	Total.
Cottage Homes, Houghton-le-Spring	4	11	15
Lambton Grove	6	12	18
Total	10	23	33

This compares with 5 adults and 25 children at the end of 1964.

### (b) Future Developments.

Efforts to secure premises to replace the Cottages Homes, Houghton-le-Spring when they are surrendered for road improvements have not been successful, but the possibility of adapting Heath House which will not be wholly affected by the road improvements is being considered.

VII. HOSTEL ACCOMMODATION FOR THOSE NEEDING CARE AND ATTENTION (NATIONAL ASSISTANCE ACT 1948, SECTION 21).

### (a) Present Position.

Since the coming into operation of the National Assistance Act, 1948, the County Council have built 16 new residential homes. Included in this number is Palatine House, Durham, which provides specially for the needs of persons who are blind or partially sighted.

Between 1950 and 1956 in an endeavour to meet an urgent need and overcome building and financial difficulties, the County Council purchased eight properties which were suitable for adaptation as residential homes.

During the year homes at Stockton (45 beds) and Ryton (45 beds) were opened and the number of beds in Cambridge House, Barnard Castle, was reduced to 76.

Adaptations to No. 13 The Cliff, Seaton Carew (adjacent to Glencliffe Hostel) were completed during the year for its use as a holiday and short stay home and during the period 24th July to 31st December, 1965, 37 persons were accommodated in this home, the period of stay ranging from two to eleven weeks.

At the end of the year hostels were under construction at Birtley and Hebburn, (each of which include frail ambulant wings of 15 beds) and it is anticipated that they will come into use during 1966. Work will commence during 1966 on further hostels at Lanchester, Durham, Hartlepool, Fishburn, Houghton-le-Spring and Brandon.

The total number of places provided directly by the County Council at the end of the year was 1,179, which, together with 123 beds in transferred hospital accommodation, makes a total of 1,302 and represents an increase of 99 in the number of places available compared with the end of 1964. These places are distributed as follows:—

In Homes controlled by the Welfare Sub-Committee

	Residential Iccommodation Beds Provided.				Residential Accommodation. Beds Provided.
Cambridge House, Barnard Castle Heath House, Houghton-le-Spring Ivy House, Sedgefield Seaton Holme, Easington Weardale House, Stanhope Newtown House, Stanhope The Hermitage, Whickham Parkside, Billingham Winton, Winlaton Essyn House, Easington Dene House, Bishop Auckland Shafto House, Newton Aycliffe	76 103 76 35 59 30 18 38 40 38 40	Mendip House Boldon House Redhill House Kepier House Millbank House Derwentdale	arrow eaton Carew anley use, Durham buse, Consett use, Chester-lese, East Boldon use, Stockton use, Durham buse, Seaham House, Ryton		45 45 45 38 45
Grove Park, Barnard Castle Owton Fens, Greatham	22 21		ouse, Stockton oliday Home, S		
In Hospitals transferred to the Reg Hospital Board on 5th July, 1948		Chester-le-S Durham Lanchester	treet 		Residential Accommodation. Beds Provided. 31 36 56
			Total	•••	123
In Hames controlled to					Residential Accommodation. Beds Occupied.
In Homes controlled by:— (a) Neighbouring County		Darlington		•••	4
Borough Councils		Gateshead	•••	•••	12
		South Shield	ls	•••	2
(b) Other Local Authorities			•••	•••	8
In Special Homes				•••	22
			Total		48

The number of employees in the 27 premises directly controlled by the Health Committee was as follows:—

Superintenden	its	•••	•••	•••	4
Matrons		•••	•••	•••	23
Wardens			•••	•••	2
Other staff					408

The number of cases on the waiting list on the 31st December was 455 compared with 406 in 1964.

### Maintenance charges.

The minimum charge to residents for maintenance in the County Council hostels at the end of the year was £3. 4s. 0d. per week while the maximum charges were £8. 4s. 0d. for residents in former Public Assistance Institutions, and £8. 11s. 6d. in other hostels.

### X-ray examinations.

There is a relatively higher incidence of tuberculosis in the older age groups, and in order to detect any case which might benefit by treatment, and also to protect residents from possible infectious cases efforts are constantly made to ensure that all aged persons admitted to residential homes have their chests x-rayed before admission.

### (b) Future requirements.

The amount of residential accommodation required for the elderly and others "in need of care and attention" is affected by the housing conditions; the existence of warden services; the degree of support forthcoming from families and neighbours and by the amount of residential accommodation provided privately and by voluntary organisations otherwise than as agents of the local authorities.

To provide the number of beds in hostel accommodation to meet the anticipated requirement by 1976, 2,014 additional places will be necessary.

### SECTION E-INSPECTION AND SUPERVISION OF FOOD AND DRUGS

### 1. MILK (SPECIAL DESIGNATION) REGULATIONS, 1963.

These Regulations were amended by the Milk (Special Designation Amendment) Regulations, 1965, which came into effect on the 1st October and provide for a new special designation "Ultra Heat Treated" milk which has been processed by the ultra high temperature method i.e. heated to not less than 270° Fahrenheit for not less than one second. As with other heat treated milks the responsibility for controlling the processing and licensing of dealers to use the special designation is vested in the County Council.

At the end of the year there were five plants processing milk in the administrative county, all of which were authorised to use the special designation "Pasteurised" while one dairy holds an additional licence for the sterilising of milk. All plants are of modern design. Pasteurising units operate on the H.T.S.T. System and the sterilising plant includes Danks Tanks. The total quantity of milk treated is approximately 53,800 gallons per day. Regular inspections of these dairies are made and satisfactory standards maintained. In one dairy two new lines for washing, filling and capping bottles have been installed, together with automatic de-crating, re-crating and stacking. These lines each operate at speeds of up to 280 bottles per minute compared with speeds of 140 to 160 bottles per minute which at one time were normal and still continue in some of the dairies.

Misuse of milk bottles continues and the number of complaints of unsatisfactory bottles being delivered to consumers is generally the same as in previous years. Daily the dairies licensed by this Council wash and fill some 592,000 bottles.

Although the County is a specified area in which only milk of a special designation can be sold, exception is made as a last resort. Where no such supplies are available the Ministry of Agriculture and Fisheries issue a "Consent" licence enabling a retailer to dispense with the requirements of the order. During the year eight such consents were in operation. The amount of milk covered by these consents is very small and only serves the needs of people living in isolated houses.

Routine samples continued to be taken by County Health Department staff of milk delivered to schools, children's homes and nurseries. Twenty-four complaints have been received concerning the condition of churns or bottles of milk delivered to schools and the necessary action has been taken. As requested by the Ministry of Health, milk produced at hospital farms has been sampled in accordance with their scheduled requirements,

At the request of the Durham Hospital Management Committee, routine samples are taken of milk delivered to hospitals in their group.

Under the above regulations the County Council as the Food and Drugs Authority has the duty of licensing and supervising all dealers in milk, the number licensed being as follows:—

, i	,				
No. of current licences at 1.1.65	(i) 'B' Licences	•••	•••		21
	(ii) 'E' Licences	•••	•••	•••	1,857
No. issued during the year	(i) 'B' Licences		•••		Nil
	(ii) 'E' Licences	•••	•••	•••	158
No. cancelled during the year	(i) 'B' Licences	•••	•••		Nil
•	(ii) 'E' Licences				56
No. of current licences at end of year	r 1,980.				

Details of the results of all examinations of samples of milk are given in Table 25, Section H.

For some time it has been known that the arrangements for handling and storing milk of some dealers were unsatisfactory. It was not known to what extent this obtained, but on the appointment of the Assistant County Health Inspector in January, it was possible, for the first time, to make a full survey. A condition of a dealer's licence is that the arrangements for storing and handling must be satisfactory and as all licences held by dealers under the above regulations would become due for renewal on the 1st January, 1966, where contraventions existed, dealers were asked to carry out any necessary remedial measures before this date otherwise it would not be possible to recommend the renewal of the licence. To this end some 894 inspections have been made, and it has been encouraging to find that informal action has resulted in new and improved milk stores being provided in 123 cases, and include the provision of 45 cold storage units. Although 5 applications for renewal were being held in abeyance at the end of the year, this was due to work

of improvement having been unavoidably delayed, and it is not anticipated that resort to formal action will be necessary.

The policy of relating routine sampling to the quantity of milk sold by the various dealers has continued, to avoid as far as possible duplication, but at the same time to spread the work over the areas of the various County districts. Each local authority is furnished with a monthly report of all samples taken within its area.

The six samples that failed the phosphatase test were isolated cases, and investigations gave no indication of the cause of the failures. Where a sample failed the methylene blue test, an investigation was made, appropriate advice given and a repeat sample taken. If a repeat sample of untreated milk from a producer/retailer failed the test the Divisional Milk Officer of the Ministry of Agriculture, Fisheries and Food was informed.

Sampling of untreated milk for antibiotics has continued in keeping with previous procedure of concentrating on untreated milk on retail sale. 424 samples of untreated milk have been submitted to the Public Health Laboratories for antibiotic examination, nine of which contained antibiotics in excess of the accepted figure. Appropriate action was taken in each case.

### 2. FOOD AND DRUGS ACT, 1955. SECTION 31.

Samples of milk are being obtained for biological examination. The results of 424 samples have been received and are shown in Table 25. The 13 positive results refer to samples of untreated milk which on examination showed Brucella Abortus to be present. They represent 9 cases and were obtained from 7 producer/retailers. In one case, the milk was produced on a farm outside the County, and action taken at the source resulted in the sale of this milk ceasing within the County. One producer immediately ceased retailing untreated milk and changed to pasteurised. In the other seven cases as the positive results were obtained from guinea pig innoculation, generally from samples taken some eight weeks previously, and because of the herd history, and in particular the movement of animals into or out of the herd during this time, it was agreed with officials of the Health Department of the local authorities concerned and the producer, that herd testing be carried out immediately in co-operation with the producer's veterinary officer. This resulted in positive and suspicious animals being withdrawn from the herd as speedily as possible, when routine testing continued.

One known case of undulant fever occurred during the year, the infection being traced to a producer/retailer with a small herd. Retailing of untreated milk ceased immediately.

An increasing interest is being shown by producer/retailers throughout the County in Brucella Abortus and its effects, and an increasing number of the larger producers have regular routine testing of the herd carried out by their veterinary officer. Positive and suspicious animals are isolated and their milk sent for pasteurising, or the animals may be sent for slaughter or sold in the open market. The action taken often depends on cattle prices available at the time. Although a brucellosis eradication scheme is under consideration, it must be some years before it can become effective, and in the meantime the only method of preventing undulant fever in human beings is the compulsory heat treatment of all milk supplies. It may be difficult, or impractical, to supply heat treated milk to all areas of the County, but where this is so, untreated milk could be made available on Consent Licences, similar to those at present issued by the Minister of Agriculture, Fisheries and Food in respect of non-designated milk. This would mean that the present practice of large quantities of untreated milk being sold in many areas, alongside processed milk, would cease, and sampling by health authorities could then be concentrated on the greatly reduced number of suppliers of untreated milk, in sparsely populated areas.

The Chief Inspector of Weights and Measures reported that eight samples of milk from seven suppliers were found to be either deficient in milk fat or showed evidence of added water. It was decided that three cases were suitable to take before the Justices, two cases were referred to the National Agricultural Advisory Service, and two offenders received warning letters.

### FOOD AND DRUGS ACT

The following statement shows the results of examinations carried out by the County Analyst during the year:—

Milk Other foods and drugs	•••	•••				No. of samples. 1,370 2,317	No. adulterated. 14 94	% adulterated. 1.0 4.1
Other roods and drugs	•••	•••	•••	•••		3,687	108	2.9
Appeal to cow Milk below pro	•		•••	•••	•••			28 129

### SECTION F-ENVIRONMENTAL HYGIENE

### I. (a) Bacteriological Laboratory Facilities.

The Medical Research Council, acting on behalf of the Ministry of Health, continues to be responsible for the administration of the public health laboratory service.

The laboratories situated at the General Hospital, Newcastle upon Tyne, Havelock Hospital, Sunderland, General Hospital, Middlesbrough and the Friarage Hospital, Northallerton, undertake examinations for the administrative county area.

### (b) Water Supplies.

Piped water is supplied to the various parts of the administrative county area by the following water undertakers:—

Tees Valley & Cleveland Water Company.

Durham County Water Board.

Sunderland and South Shields Water Company.

Newcastle and Gateshead Water Company.

Hartlepools Water Company.

Only small isolated rural areas rely on local wells or springs.

Normal extensions of mains to housing estates and industry continue in all areas while work also proceeds in improving service reservoirs, treatment plants, etc.

The increased demand for water both for domestic and industrial use in the area continues. Work has proceeded steadily on the proposed Derwent Valley reservoir scheme and filling of the reservoir commenced in October. The necessary pipe lines, sedimentation and treatment tanks are being provided and the scheme should be operational in the near future, ensuring an adequate supply for the Northern and Central areas of the County. The demand for increased supplies in the industrial area of Tees-side continues as before. The Balderhead Reservoir was officially opened in September and the possibility of a further reservoir at Cow Green is being actively pursued. Even so, the demands from industry in this area are such that further extraction of water from the River Tees, is under consideration, with a proposal to construct a new weir at Croft

Copies of results of analysis of water samples taken by local authorities are sent to the county health department and, where necessary, further investigations are carried out. Of 754 samples taken, 122 were classified as unsatisfactory. These unsatisfactory samples were generally from individual spring or well supplies to isolated farms or dwellings and in a number of instances were repeat samples of those reported in previous years. Routine samples of supplies to schools, kitchens, dairies and similar establishments continue to be taken by officers of the department and have proved generally satisfactory. Where adverse reports were received they came from local supplies subject to variation in quality and quantity due to extreme weather changes.

Schemes providing improved or new water supplies to certain areas have been submitted for consideration. Investigations have been carried out in each case and appropriate recommendations made.

### Fluoridation of Water Supplies.

The County Council have agreed in principle to the making of arrangements with local water undertakers for the addition of fluoride to water supplies which are deficient naturally in this respect as a means of reducing the incidence of dental decay especially in young children. Those living in the Hartlepool area have, of course, been drinking water containing a fairly high natural concentration of fluoride for a great number of years.

Unfortunately it has not been possible to get the unanimous approval of all the other local health authorities obtaining their water supplies from the same undertakers, but the matter is still being pursued by the County Council.

### II. (a) Rural Water Supplies and Sewerage Acts, 1944-61.

During the year the County Council continued to make grants towards the cost of approved schemes for the provision of piped water supplies and main drainage in the rural areas of the County.

In connection with Section 2(1) of the above Acts, a number of schemes were under consideration, the following receiving contributions during the year:—

		Estimated
		Cost.
		£
(a)	Darlington Rural District—Blackwell Sewerage Scheme	4,000
(b)	Durham Rural District—George Street and Churchill Terrace, Sherburn Hill—	
•	Proposed Sewer	1,717
(c)	Lanchester Rural District—Extension of Sewer, Esh Hill Top	5,351
(d)	Weardale Rural District—Frosterley (South) Sewerage Scheme	10,290
(e)	Durham County Water Board-Water Supply Scheme-Low Bishopley and	
	White Kirkley	1,900

### (b) Drainage, Sewerage and Sewage Disposal.

Routine inspections of existing disposal works and those under construction continue to be made. A number of schemes to replace overloaded and defective works and to enable the continued development of housing and industrial estates have been submitted by local authorities for consideration. Investigations have been carried out in each case and appropriate recommendations made.

Tyneside Sewage Disposal—Consideration has been given to a draft Order of the proposed Tyneside Sewerage Order constituting a united district for the purpose of the reception and disposal of sewage. No observations were considered necessary.

Tees-side Sewage Disposal—The Joint Consultative Committee have engaged Consultants to carry out a detailed survey in the area and to report thereon. Although the survey has commenced the report is not anticipated for some time.

### III. Housing.

A statement as to the position of housing in the administrative County, compiled from information supplied by district councils, is given in Table 26—Section H.

### Slum Clearance

In February, local authorities were requested by the Minister of Housing and Local Government to make a final estimate of the number of houses considered to be unfit for human habitation in the first quarter of the year, regardless of the time which would be needed to clear them. The estimates show the total number of permanent dwellings in the administrative county to be 305,277 of which 16,175 are unfit.

During the year, 3,022 new houses were built by local authorities. At this rate of building it would seem that slum clearance should be nearing completion within four to five years. Unfortunately this does not reflect the true position for all new houses do not necessarily replace unfit houses, and furthermore some local authorities have negligible slum clearance problems. Consequently there are a few authorities, that at their present rate of building, will require periods in excess of 8 years to replace existing unfit houses, with two authorities requiring 15 years. Obviously the rate of building new houses to replace unfit houses should, in these cases, be greatly increased.

### IV. CLOSET ACCOMMODATION.

Table 27—Section H gives the number and type of convenience in each sanitary district at the end of 1965 together with information as to the conversions of ashpit privies and ash-closets into water-closets during the year.

### SECTION G. GENERAL

### 1. Nursing Homes.

During the year no application was made to the County Council under Section 194 of the Public Health Act, 1936, for the delegation of their powers to district councils. The following maternity and nursing homes registered by the County Council were periodically inspected:—

Name and Address.

Description.

Rosemount, 32, Bede Road, Barnard Castle ... ... Maternity and general.

Percy House, Neville's Cross, Durham ... Aged, infirm and border-line mental

cases.

St. Cuthbert's Hospital, Rockliffe Park, Hurworth-on-Tees, (annexe to Hospital of St. John of God, Scorton).

Chronic sick (males).

"Milford," North End, Durham ... ... ... Aged and infirm. "Ashbrook," St. John's Road, Neville's Cross, Durham ... Aged and infirm.

"Wayside", West Boldon ... ... ... Aged teachers and their dependants.

### II. Nurseries and Child Minders' Regulations Act, 1948.

(a) Premises. During the year, the following premises were registered as nurseries under the above Act:—

Community Centre, Front Street, Whickham.

Grange School of Dancing, Silver Street, Durham.

Mary and Bessie Youth Club, Winlaton.

Stockton and Billingham Technical College.

Dunston Hill Methodist Church, Dunston.

Watergate Miners' Welfare Hall, Whickham.

(b) Daily Minders. The undermentioned were registered as daily minders during the year:

Mrs. M. de Souza, 10 Tamwell Close, Fairfield, Stockton.

Mrs. L. N. Evenden, 14 Richmond Avenue, Bishop Auckland.

Mrs. R. Nuttall, Fir Trees, Grange Road, Ryton.

Mrs. L. M. Young, Reuben Glen, Laburnum Grove, Cleadon.

Mrs. A. E. Welsh, 14 Clough Dene, Tantobie.

Mrs. J. Tuer, 20 Broom Terrace, Whickham.

Mrs. E. N. Richardson, 10 Southfield Terrace, Broom Lane, Whickham.

Mrs. R. Greener and Mrs. S. M. Tyrer, 2 Burnopfield Road, Rowlands Gill.

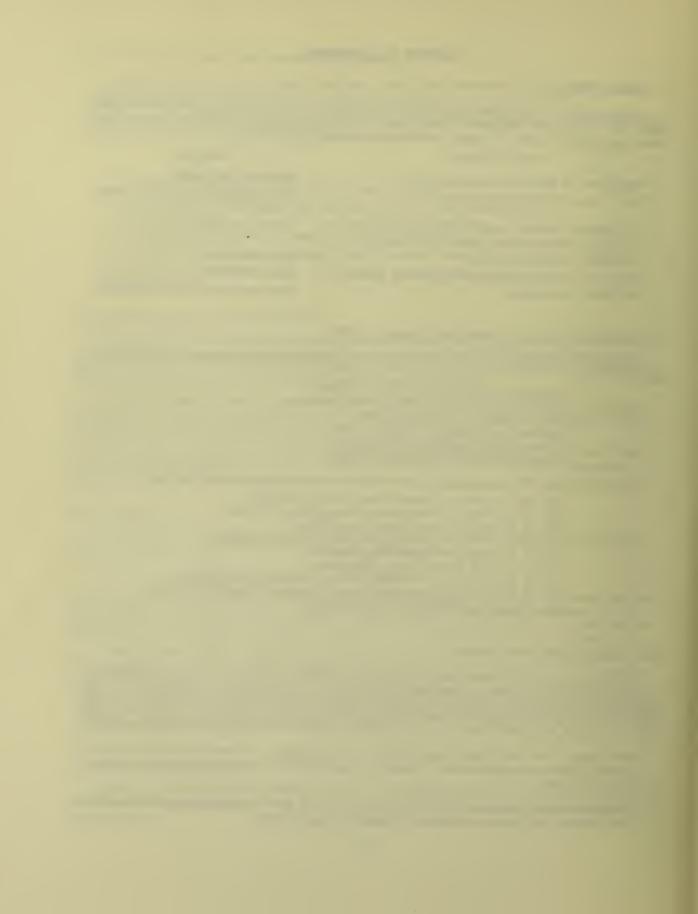
Mrs. M. Austin, 4 Glebe Drive, New Seaham.

### III. TEES-SIDE (MIDDLETON) AIRPORT.

The County Council assumed responsibility for the health control at the Tees-side (Middleton) Airport early in 1965. Arrangements were made for medical cover at the Airport in co-operation with three local general practitioners. These doctors have agreed to act as medical inspectors under the Commonwealth Immigrants Act, 1962, and the Aliens Order, 1953, and they have been officially appointed by the Home Office. In addition, three senior members of my staff and myself have been appointed as medical inspectors.

With regard to the Public Health Airport Regulation, arrangements are made for one senior member of my medical staff to be available either in the office or at home on each occasion that aircraft from overseas are expected to land.

During 1965 nine Commonwealth citizens subject to control under the Commonwealth Immigrants Act, 1962 arrived at the Airport in addition to 79 aircraft carrying 640 aliens.



SECTION H.

STATISTICAL TABLES

TABLE 1.

Population, Birth Rate, Death-Rate, etc., within the Administrative County of Durham, 1965.

Deaths occurring within District excluded.	28 16 174	218	13 5 16	34	415 6 172	593	193 8	201	6 2 2 80 3 376	469	40	45	358 4 10	372	36	41	399 3 6	408	65 12 19 391	494	152	168	3,195
Deaths occurring outside District included.	198 81 84	363	108 226 103	437	93 329 63	485	40 243	283	152 109 195 130 89 97	772	120 18 26	164	31 81 161	273	23	115	28 83 109	220	95 162 108 62 51	478	349	287	4 226
Lung Diseases Death- rate.	1.18 1.28 1.11	1.18	1.36 1.08 1.24	1.21	1.09 1.46 1.98	1.39	2.13	1.36	1.23 1.68 2.25 1.96 1.47	1.69	1.36 1.40 0.85	1.25	2.39 1.50 1.25	1.65	1.66	0.93	1.12 0.43 0.91	0.92	1.60 1.05 1.11 2.10 0.99	1.42	2.02	1.14	141
Total Tuber- culosis Death- rate.	0.16	0.07	0.08 0.03 0.12	0.07	0.06	0.07	0.15	90.0	0.04 0.12 0.03 0.12 0.12 0.10	0.09	0.12	0.07	0.03	0.01	0.12	0.00	0.09 0.14 0.11	0.10	0.11 0.06 0.07 0.03	0.05	0.08	0.13	0.0H
Phthisis Death- rate.	0.16	0.07	0.08 0.03 0.12	0.07	0.06 0.04 0.07	90.0	0.15	90.0	0.04 0.12 0.03 0.12 0.05 0.05	90.0	0.12	0.07	0.03	0.01	0.12	60.0	0.06 0.07 0.05	90.0	0.06 0.06 0.07 0.03	0.05	0.08	0.13	0.07
Infant Mortality- rate per 1,000 Births.	23 24 9	18	12 26 23	21	22 18 9	18	26 21	22	24 8 20 20 117	19	14 28 13	15	13 20 16	16	01 01	10	33 27 26	30	22 22 11 32	21	22	25	21
Death-rate from seven Principal Infective Diseases.	0.03	0.03	0.08	0.04	111	1	0.05	0.02	6.04	0.01	111	1	0.04	0.03	11	1	0.05	0.01	0.03	0.01	0.02	0.06	0.02
Death- rate.	12.0 13.3 9.0	11.0	11.9 10.3 9.3	10.5	11.8 12.6 17.0	12.9	13.1 10.3	11.2	11.9 11.8 12.1 12.0 11.1 11.1	11.8	14.1 15.0 13.5	14.0	12.8 10.5 10.6	11.2	17.0	13.3	12.1 11.4 10.6	11.5	11.3 8.2 9.3 14.7 8.8	10.7	11.2	10.3	114
Birth- rate.	18.2 17.6 19.5	18.6	18.8 17.9 20.9	19.0	17.7 16.4 15.5	16.8	17.2 17.6	17.5	20.5 14.4 16.2 17.6 18.2 18.6	17.7	14.8 12.6 9.5	13.4	13.4 18.3 18.8	17.1	18.7	17.5	19.5 18.8 14.6	18.0	17.2 19.8 21.7 15.6 16.9	18.4	19.3	20.5	18.1
Deaths.	366 188 242	962	315 398 234	947	443 568 249	1,260	259 456	715	309 203 377 305 219 352	1,765	341 43 111	495	301 204 389	894	92 207	299	420 159 197	776	204 281 251 520 115	1,371	926	856	11,130
Still Births.	13 4 10	27	8 16 12	36	13 16 6	35	8 15	23	9 15 7 14	54	6 2 1	6	7 7 9	23	7	6	11 2 8	21	17 17 12 12	40	22	40	330
Live Births.	568 248 527	1,343	497 692 525	1,714	667 742 227	1,636	340 779	1,119	533 249 506 448 359 554	2,649	360 36 78	474	315 353 693	1,361	101 293	394	676 261 272	1,209	311 680 586 550 221	2,348	1,647	1,707	17,601
Registrar General's estimated Resident Population 1965.	31,220 14,100 26,990	72,310	26,450 38,710 25,070	90,230	37,700 45,210 14,620	97,530	19,720 44,310	64,030	25,960 17,260 31,160 25,470 19,760 29,810	149,420	24,260 2,860 8,210	35,330	23,440 19,330 36,810	79,580	5,410	22,560	34,710 13,910 18,650	67,270	18,090 34,340 27,040 35,280 13,080	127,830	85,550	83,220	974,800
Area in Acres.	9,235 5,145 6,074	20,454	1,697 3,259 1,554	6,510	10,042 12,659 44,243	66,944	2,656	24,879	7,640 4,551 5,026 2,469 5,758 6,734	32,178	15,476 477 99,513	115,466	4,578 8,224 34,068	46,870	559 110,118	110,677	9,332 4,827 7,543	21,702	1,473 7,855 45,479 39,057 40,614	134,478	34,653	5,465	620,270
Medical Officer of Health.	J. A. Dryden, M.A., B.Sc., M.B., B.Chir., D.P.H., D.I.H. Do.		H. C. Weir, M.A., M.B., B.Ch., B.A.O., D.P.H Do. Do.		R. Hill, M.B., B.Ch., D.P.H		J. L. Siddle, M.B., B.S., D.P.H		H. C. Weir, M.A., M.B., B.Ch., B.A.O., D.P.H. P. A. Y. Narayanan, M.B., B.S., D.T.M. & H., D.P.H. J. W. A. Rodgers, M.B., B.Ch., D.P.H. P. A. Y. Narayanan, M.B., B.S., D.T.M & H., D.P.H.		G. A. Macgregor, M.D., D.P.H		R. G. Drummond, M.B., Ch.B., D.P.H		A. S. M. Wilson, L.R.C.P., L.R.C.S., L.R.F.P.S., D.P.H.		J. M. Hegarty, M.B., B.Ch., B.A.O., D.P.H		L. R. Benham, M.B., B.S., D.P.H		J. W. A. Rodgers, M.B., B.Ch., D.P.H	H. J. Peters, M.B., B.S., B.Hy., D.P.H., D.P.A	
DISTRICTS.	Area No. 1. Blaydon U.D. Ryton U.D. Whickham U.D.		AREA NO. 2. Jarrow M.B. Felling U.D.		AREA NO. 3. Consett U.D Stanley U.D Lanchester R.D		AREA NO. 4. Chester-le-Street U.D Chester-le-Street R.D		Area No. 5. Boldon U.D. Hetton U.D. Koughton-le-Spring U.D. Scalman U.D. Washington U.D. Sunderland R.D.		AREA No. 6. Crook & Willington U.D. Tow Law U.D. Weardale R.D.		AREA No. 7. Durham M.B. Brandon & Byshottles U.D. Durham R.D.		AREA NO. 8. Barnard Castle U.D. Barnard Castle R.D.		AREA No. 9. Bishop Auckland U.D Shildon U.D Spennymoor U.D		AREA No. 10. Hartlepool M.B. Billingham U.D. Daffingron R.D. Sedgeheid R.D. Stockton R.D.		Easington R.D	Stockton M.B	

TABLE 2.

Administrative County of Durham.

COMPARISON OF DEATHS IN CERTAIN AGE GROUPS, 1900-1965.

				Percenta	ge of Tot	al Deaths		
Year.	Death Rate.	Under 1 year.	1-14 years.	15-24 years.	25-44 years.	45-64 years.	65-74 years.	75 years and over.
1900	18.6	32.0	17.7	5.5	_			-
					26	.9 		17.9
1910	14.3	29.1	16.6	5.2				_
					28	.2		20.9
1920	11.5	25.4	15.6	5.1	11.7	18.5	_	_
1920	11.5	25.4	15.0	5.1	30	.2		23.7
1930	11.2	13.7	10.6	5.3	11.7	23.6	_	
1950	11.2	15.7	10.0	<i>y.y</i>	35	.3		35.1
1940	13.1	8.4	4.9	3.9	10.0	26.3	24.4	22.1
1710	15.1	0.1	1.5	3.7	36	.3		46.5
1950	11.8	6.1	1.9	1.6	6.3	23.8	27.7	32.6
1950	11.0	0.1	1.5	1.0	30	.1		60.3
1960	11.5	4.5	1.1	0.8	3.9	25.0	26.8	37.9
1900	11.5	4.3	1.1	0.0	28	.9	(	64.7
1965	11.4	3.3	1.0	0.9	3.8	24.7	28.1	38.2
	11.1	3.5	1.0	0.5	28	.5		66.3

TABLE 3.

ADMINISTRATIVE COUNTY OF DURHAM.—CLASSIFICATION OF DEATHS AS SUPPLIED BY THE REGISTRAR GENERAL, 1965.

ı	1	જ મ		o
		75 & over	100 100 100 100 100 100 100 100 100 100	2,320
		-59	23	1,334
		55—	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	678
		45—	2   1	285
		35—4	4	138 2
	LB.	1		35 1
	FEMALE	15—25	-  - -	- 54
	-	5		21
		<u> </u>		78
		4 weeks to 1 year		58
DDS.				
AGE PERIODS.		Under 4 weeks		114
AGB		75 & over	7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	1,934
		92.0		3 1,5
		65	102 1125 1125 1125 1125 1125 1125 1125 1	1,798
	-	55—	16 16 17 18 113 113 113 113 113 113 113	511 1,272 1,798
		45— 5	7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	11 1
	.		-             4 7 1   1 7 2 2 2 2 4 1 2 0 2 3 5 7 1 1 1   2 1 2 2 2 2 2 3 5 1 1 1   2 1 2 2 3 3 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	186  5
	LB.	35-	2	66
	MALE.	15—25—		73
		5- 15	1	37
		1-5		- 78
		4 weeks to 1 year		55
				10
	1	Under 4 weeks		135
-		2   1	4	1,642
	RURAL	M E		
	×	å   ×	100 110 110 110 110 110 110 110 110 110	1,964
_	z	2 12	8 2 2 1 1 2 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3,393
	*URBAN	M F	40 40 40 40 40 40 40 40 40 40	
	* 6	5   2	· f	4,131
		124	12 12 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	5,035
		×	56 	
_			Fi .	11,130 6,095
		TOTAL	7 7 7	
			SS	
			Tuberculosis, respiratory  Tuberculosis, other Syphilitic disease Diphtheria Meningococcal infections Acute poliomyelius Measles Malignant neoplasm, stomach Malignant neoplasm, breast Malignant neoplasm, breast Malignant neoplasm, uterus Malignant neoplasm, breast Dibetes Other malignant & lymphatic neoplasms Leukaemia, aleukaemia Dibetes Other disease Other riculatory disease Other riculatory disease Other circulatory disease Other diseases of respiratory system Ulcer of stomach and duodenum Gastritis, enteritis and diarrhoea Nephritis and nephrosis Hyperplasia of prostate Pregnancy, childbirth, abortion Congenital malformations Other defined and ill-defined diseases Motor vehicle accidents Suicide Homicide and operations of war	:
		÷	Tuberculosis, respiratory  Tuberculosis, other  Syphilitic disease  Diphtheria  Whooping Cough  Meningococcal infections  Malgant neoplasm, stomach  Malignant neoplasm, breast  Malignant neoplasm, breast  Malignant neoplasm, breast  Malignant neoplasm, breast  Diabetes  Vascular lesions of nervous system  Coronary disease, angina  Hypertension with heart disease.  Other heart disease  Other circulatory disease  Influenca  Bronchitis  Pregnancy, childbirth, abortion  Congenital maliornations  Other defined and ill-defined disea  Motor whicle accidents  All other accidents  All other accidents  Motor vehicle accidents  Suicide  Homicide and operations of war	VI.
	,	CAUSES OF DEATH.	Tuberculosis, respiratory Tuberculosis, other Syphilitic disease Diphtheria Meningococcal infections Acute poliomyelitis Other infective and parasitic Malignant neoplasm, stomac Malignant neoplasm, preast Malignant neoplasm, uterus Other malignant & lumpati Leukaemia, aleukaemia Dibetes  Vasculat lesions of nervous s Coronary disease Other circulatory disease Other circulatory disease Other circulatory disease Other diseases of respiratory Uler of stomach and duode Gastritis, enteritis and duode Gastritis, enteritis and duode Gastritis, enteritis and duode Gastritis, enteritis and diard Nephritis and nephrosis Hyperplasia of prostate Pregnancy, childbirth, abort Congenital malformations Other defined and ill-define Motor vehicle accidents  All other accidents  Suicide  Homicide and operations of	TOTAL
		S OF	Tuberculosis, respiratory Tuberculosis, other Diphtheria Whooping Cough Meningococcal infections Measles Other infective and paras Malignant neoplasm, bro Coronary disease, angina Hypertension with heart Other hart disease Other circulatory disease Influenza Premonoia Dibert circulatory disease Influenza Premonoia Dibert disease of respira Other defined and ell-def Moror vehicle accidents All other accidents Suicide Homicide and operations	
		AUSE	Tuberculosis, respir Tuberculosis, other Syphilitic disease Diphtheria Moloping Cough Meningococcal infector Other infective and Malignant neoplasm Coronary disease, at Hypertension with Other diseases of re Other diseases of prog Pregnancy, childbir Coronaria, of prog Hyperplasia of prog	
	,		Tuberculosi Tuberculosi Syphilitic di Diphtheria Whooping ( Meningococ Acute polion Measles Other infect Malignant r Malignant r Malignant r Malignant r Other malig Coronary d Hypertensi Other heart Other heart Other heart Other circu Ucronary d Hypertensi Other disea Other disea Coronary d Hypertensi Other disea Other disea Coronary d Hypertensi Other disea All other ac Suicide Homicide a	
			Tubercul Tubercul Syphilitic Diphther Whoopin Meningo Acute po Acute po Measles Other in Malignat Malignat Malignat Malignat Malignat Other in Diabetes Diab	7
1			1. 2. 2. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4. 4.	1

\*Including Municipal Boroughs of Durham, Hartlepool, Jarrow and Stockton.

TABLE 4.

Comparative Vital Statistics, Administrative County of Durham and England and Wales, 1965.

				Rates	per 1,0	000 Pop	ulation				Rate 1,000 Bir	Live	Rates per 1,000 Total (Live and Still) Births.
						DEATHS	S.				DEA	THS	
	Live Births	Still Births	All Causes	Typhoid and Para-Typhoid	Whooping Cough	Diphtheria	Tuberculosis	Influenza	Acute Poliomyelitis	Pneumonia	Under one year—all causes	Enteritis and Diarrhoea Under 2 years	Maternal Mortality.
DURHAM COUNTY	18.1	0.35	11.4	-1	0.001	1-1	0.08	0.03	-	0.68	20.6	0.74	0.22
*England and Wales	18.0	0.29	11.5	0.00	0.00	0.00	0.05	0.02	0.00	0.76	19.0	t	0.25

<sup>\*</sup> Provisional.

TABLE 5.

Administrative County of Durham.

### COMPARATIVE BIRTH AND INFANT MORTALITY STATISTICS, 1956-1965.

Year.	Births.	Deaths under 1 year.	Infant Mortality Rate.	Perinatal Mortality Rate.	Early Neo-Natal Mortality Rate.	Infant Mortality Rate. 1 week—1 year.
1956	16,428	451	27	40.1	15.9	11.3
1957	17,063	462	27	39.8	14.9	11.9
1958	17,414	443	25	37.8	14.9	10.3
1959	16,976	453	27	39.1	16.0	10.5
1960	17,622	488	28	40.1	17.0	10,4
1961	17,411	407	23	35.7	13.8	9.3
1962	17,910	467	26	35.7	16.4	9.5
1963	17,639	396	22	32.4	13.5	8,8
1964	17,726	406	23	33.5	13.8	8.8
1965	17,601	362	21	30.7	12.0	8.4

<sup>†</sup> Not available.

TABLE 6.

VITAL STATISTICS 1945-1965.

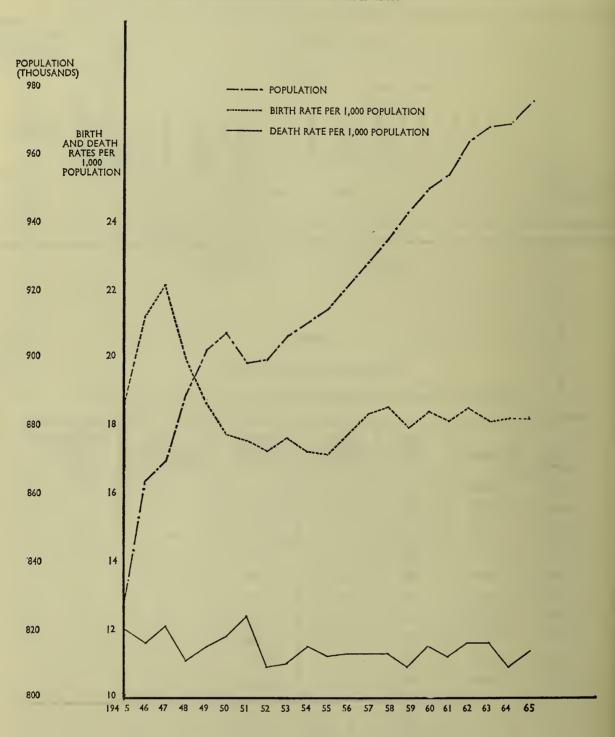


TABLE 7.

## HOME NURSING STATISTICS.

	its	113	990
Total.	Visits	438,4	438,0
T	Cases	6,637 16,429 438,413	7,307 16,499 438,036
ers.	Visits	6,637	7,307
Others.	Cases	[	I
rnal cations	Visits	1,724	2,415
Maternal Complications	Cases	143	190
ulosis.	Visits	31,487	27,539
Tuberculosis.	Cases	475	399
Infectious Diseases.	Visits	80	251
Infe Dis	Cases	7	21
General Surgical.	Visits	83,713	85,824
Ge	Cases	3,777	3,805
General Medical.	Visits	314,772 3,777	314,700 3,805
Ge	Cases	26 12,027	28 12,084
ij	Part- time	26	28
Staff.	Whole-time	118	121
	Year.	1964	1965

Patients included in above Table who have had more than 24 visits during the year.	Visits	299,119	284,132
Patients included in have had more than ye	Cases	4,339	4,230
Children included in above Table who were under 5 at the time of the first visit during the year.	Visits	6,265	5,498
Children included in above Table who were under 5 at the time of the first visit during the year.	Cases	871	069
in above Table who at the time of the first ring the year.	Visits	247,280	254,859
Patients included in above Tak were 65 or over at the time of visit during the year.	Cases	7,726	7,835
V	ı caı.	1964	1965

ADMINISTRATIVE COUNTY OF DURHAM.

Number of Persons Vaccinated or Re-vaccinated against Smallpox for which records were received during the year 1965.

TABLE 8.

		Age	VACCI at date of	NATED Vaccinat	ion.		,	Age a		CINATED Re-vaccina	ation.	
District.	Under 1	1	2 to 4	5 to 14	15 or over	Total	Under 1	1	2 to 4	5 to 14	15 or over	Tot
Area No. 1. Blaydon U.D Ryton U.D Whickham U.D	29 9 13	149 91 191	32 11 10		6 1 9	223 112 226	_ _ _	_	=		7 ————————————————————————————————————	
Area No. 2.  Jarrow M.B  Felling U.D  Hebburn U.D	35 40 48	100 162 119	17 34 21	3 7 10	7 3 3	162 246 201		=	_1 _1	5 2 2	3 4 —	
Area No. 3.  Consett U.D  Stanley U.D  Lanchester R.D	31	192 228 63	31 22 9	6 10 2	5 22 4	250 313 88	1   1	=	1 1 —	4 2 1	10 19 4	1 2
Area No. 4. Chester-le-Street U.D. Chester-le-Street R.D.	36 34	122 182	7 25	11 5	9 10	185 256	=	=	=	6 3	25 18	3344
Area No. 5.  Boldon U.D.  Hetton U.D.  Houghton-le-Spring U.D.  Seaham U.D.  Washington U.D.  Sunderland R.D.	25 32	194 15 115 92 91 137	30 2 12 9 11 14	4 3 2 4 —	— 10 8 5 — 1	262 35 145 135 134 196	111111			7 -1 1 -1	21 3 2 6 —	-
Area No. 6. Crook & Willington U.D. Tow Law U.D. Weardale R.D		78 11 28	29 — 1	2 2 19	2 1	126 14 60	=	=	=	1 1	5 1	_
Area No. 7.  Durham M.B Brandon & Byshottles U.D  Durham R.D	12	72 67 225	7 14 25	1 4 4	7 3 4	108 100 306	  -  -	_ _ _	1 =	2 	37 — 4	<u> </u>
Area No. 8. Barnard Castle U.D Barnard Castle R.D		7 40	3 20	6		16 82	=	=		8 14	8	43
Area No. 9.  Bishop Auckland U.D.  Shildon U.D  Spennymoor U.D		154 44 62	22 6 11	28 3 2	20 4 13	244 58 97	_ _ _	_ _ _	_1 _	10 1 —	38 4 7	ć.
Area No. 10.  Hartlepool M.B.  Billingham U.D.  Darlington R.D.  Sedgefield R.D.  Stockton R.D.	. 31 . 25 . 10	25 142 68 148 67	9 26 29 18 8	2 2 4 —	4 12 7 4 1	52 213 133 180 84	_ _ _ _	  -  -	_ _ _ _			- 2
Easington R.D	·	109	39	14	21	421			1	2	21	
Stockton M.B	. 101	449	150	24	10	734	_		10	<u> </u>		-3
Administrative County	1,020	4,039	714	201	223	6,197		_	28	92	285	4(

TABLE 9.

# POLIOMYELITIS, DIPTHERIA, WHOOPING COUGH AND TETANUS IMMUNISATION

No. of persons immunised against Poliomyelitis, Diphtheria, Whooping Cough and Tetanus for which records were received during the year ended 31st December, 1965

		-	1962 1958-61 Age 16 10tal	21 74 21 191	461 2,219 150 5,742	- 74 1 75	67 2,675 1,050 4,000	3 1,516 49 1,570	1 - 1	2 164 64 230	20 91 36 187	445 12,977 6,921 20,979	552 6,558 1,271 11,578	482 2,368 172 6,009	551 5,132 1,285 10,163	486 13.142 6.978 21.357
	Reinforcing Doses	Year of Birth	1963 19	09	2,095 4		158	2			23	419 4	2,315 5	2,155	2,313	502
	K		1965 1964	- 15	808		- 50	1				24 193	9 873	9 823	9 873	24 225
		Total	Lorai	446	12,697	13	1,870	29	4	1,071	205	19,529	15,055	13,160	16,084	20.180
		Others	Age 16	4	78	9	373	14	1	300	14	1,577	475	89	755	1,595
İ			1958-61	19	431	4	1,302	11	3	765	48	3,759	1,767	457	2,517	3.826
	Courses	irth	1962	36	277	1	53	1	1	2	18	1,250	368	314	368	1,304
	d Primary	Year of Birth	1963	85	662	1	53	1	1	3	38	1,860	801	747	803	1.983
	Completed Primary Courses		1964	215	6,620	2	20	2	1	1	64	8,884	6,909	6,837	6,905	9,163
			1965	87	4,629		19	1	1	1	23	2,199	4,735	4,716	4,736	2,309
		ose		:	:	:	:	:	:	:	:	i	:	:	:	-
-		te or D		:	:	sis	SI	:	:	: ,	:	:	:	:	:	:
		Type of Vaccine or Dose		Quadruple DTPP	Triple DTP	Diphtheria/Pertussis	Diphtheria/Tetanus	Diphtheria	Pertussis	Tetanus	Salk	Sabin (Oral)	Totals Diphtheria	Whooping Cough	Tetanus	Poliomvelitis

TABLE 10.

## ADMINISTRATIVE COUNTY OF DURHAM.

## AMBULANCE SERVICE—STATISTICS, 1948-65.

	Men	118	248	268	270	271	272	281	272	283	277	290	289	290	286	286	291	292	286	
	Ambu- lances	72	92	98	66	93	91	100	26	86	91	94	98	80	06	96	92	66	117	
	Total Mileage	552,486	1,501,047	1,979,681	2,129,585	2,268,166	2,286,856	2,253,087	2,303,313	2,259,284	2,269,711	2,257,907	2,212,705	2,284,635	2,318,275	2,448,132	2,554,115	2,629,853	2,600,320	
SES	Total	40,298	118,353	159,291	210,012	293,448	294,790	298,612	311,188	306,674	310,052	307,407	301,343	319,364	337,019	362,003	383,369	411,149	400,026	
TOTALS GENERAL AND EMERGENCY CASES	Sitting cases	23,762	86,423	122,990	169,442	246,450	248,094	249,034	262,205	255,629	257,200	254,796	250,898	266,756	282,818	306,729	326,217	356,874	348,467 400,026	
TOTAL	Stretcher	16,536	31,930	36,301	40,570	46,998	46,696	49,578	48,983	51,045	52,852	52,611	50,445	52,608	54,201	55,274	57,152	54,275	51,559	
ERVICE	Total	1,277	3,749	4,277	11,372	17,822	19,695	21,634	22,977	23,959	25,551	24,838	25,253	27,361	28,285	29,024	30,957	32,812	33,344	
EMERGENCY SERVICE	Sitting	1	1,428	2,008	5,635	6,778	7,373	7,277	7,553	7,319	7,480	6,923	965'9	6,789	6,395	6,570	6,789	7,251	7,814	
EMERC	Stretcher	1,277	2,321	2,269	5,737	11,044	12,322	14,357	15,424	16,640	18,071	17,915	18,657	20,572	21,890	22,454	24,168	25,561	25,530	
CE ‡	Total	39,021	114,604	155,014	198,640	275,626	275,095	276,978	288,211	282,715	284,501	282,569	276,090	292,003	308,734	332,979	352,412	378,337	366,682	
GENERAL SERVICE	Sitting cases	23,762	84,995	120,982	163,807	239,672	240,721	241,757	254,652	248,310	249,720	247,873	244,302	259,967	276,423	300,159	319,428	349,623	340,653	
GENE	Stretcher	15,259	29,609	34,032	34,833	35,954	34,374	35,221	33,559	34,405	34,781	34,696	31,788	32,036	32,311	32,820	32,984	28,714	26,029	
NLY	Total	21,126	70,858	100,259	142,017	219,524	216,442	215,888	227,003	222,379	220,795	218,459	215,207	230,702	249,502	273,931	291,888	320,410	310,296	
OUT-PATIENTS O	Sitting cases	17,846	63,463	89,624	128,320	199,937	197,915	196,621	208,783	203,795	203,104	200,533	199,211	214,301	232,206	255,418	273,080	304,843	297,131	
OUT-P	Stretcher	3,280	7,395	10,635	13,697	19,587	18,527	19,267	18,220	18,584	17,691	17,926	15,996	16,401	17,296	18,513	18,808	15,567	13,165	
	No. of Journeys	22,989	61,906	968'62	86,429	90,243	92,329	93,135	962,06	89,380	91,504	89,853	86,380	89,368	88,588	95,417	95,865	97,714	96,072	
	Year	*1948	1949	1950	1361	11952	1953	1954	1955	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965	

<sup>\*</sup> Half year only.

Part of the increase in the figures recording the patients carried is due to the revised method of annual costing laid down by the Ministry of Health in Circular 25/51, which became operative on 1st August, 1951.

<sup>‡</sup> Includes figures shown under "Our-Patients onLy".

TABLE 11.

Administrative County of Durham, 1965.

TUBERCULOSIS—NEW CASES AND MORTALITY.

					NE	w Cases	s.				Г	EATHS.				
Ag	e Peri	OD.	Re	spirato	ry.	Non-	Respira	itory.	T . 1	Re	spirato	ry.	Non-	Respira	tory.	T-1-1
			M.	F.	T.	M.	F.	T.	Total	M.	F.	T.	M.	F.	т.	Total.
0			1	1	2	_	-	_	2		_	_	-	-		_
1			5	4	9	1	1	2	11	_	_	_	_	_	_	_
5			7	9	16	1	3	4	20	-	<u> </u>	_		_		_
15			13	22	35	1	8	9	44		1	1	-	_	_	1
25			18	*16	34	5	6	11	45	2	-	2	_	_	-	2
35			25	18	43	5	4	9	52	7	4	11	_	_	_	11
45		•••	29	12	41	2	5	7	48	7	2	9	1	_	1	10
55	•••		32	6	38	3	1	4	42	16	1	17	2	- 1	2	19
65			23	6	29	_	1	1	30	17	3	20	_	1	1	21
75 a uj	nd pwards	s	5	4	9	1	1	2	11	7	1	8	1	1	2	10
Age	Unkn	own	_	1	1	_			1	_	-	_	_	_	_	_
Tota	als		158	99	257	19	30	49	306	56	12	68	4	2	6	74

<sup>\*</sup> includes one case coming to the knowledge of the District Medical Officer of Health otherwise than by formal notification.

TABLE 12.
Administrative County of Durham, 1965.

Notifications of tuberculosis in each urban and rural district of the administrative county during the period 1st January, 1965 to 31st December, 1965.

		Distric				Prim	ary Notificat of Tube		cases
		Distric	a.			Respi	ratory.	Non-res	piratory.
						Males.	Females.	Males.	Females.
Area No. 1. Blaydon U.D. Ryton U.D Whickham U.D.				 		 3 4 1	1 3 6	=	1
Area No. 2. Jarrow M.B				 		 10	3	1	3
Felling U.D Hebburn U.D.				 •••		 9 14	10	<u> </u>	
Area No. 3. Consett U.D Stanley U.D. Lanchester R.D.				 		 9 7 —	2 5 1	3 1	2 1 —
Area No. 4. Chester-le-Street U. Chester-le-Street R.		•••		 		 6 4	5 4		1
Area No. 5.  Boldon U.D Hetton U.D Houghton-le-Spring Seaham U.D. Washington U.D. Sunderland R.D.	 Ü.D. 			 		 3 1 5 5 6 6	2 3 3 3 3 4	1 - - - 2	4 - - - 2
Area No. 6. Crook and Willingto Tow Law U.D. Weardale R.D.	on U.I	). 		 		 <u>5</u>	1 	=	Ξ
Area No. 7.  Durham M.B.  Brandon and Byshor  Durham R.D.	 ttles U	J.D.		 		 5 1 2	2 1 3		1 1 1
Area No. 8. Barnard Castle U.D Barnard Castle R.D				 	•••	 	<u></u>	=	=
Area No. 9. Bishop Auckland U.Shildon U.D. Spennymoor U.D.				 		 8 1 —	3 1 —	<u>-</u>	$\frac{3}{1}$
Area No. 10.  Hartlepool M.B.  Billingham U.D.  Darlington R.D.  Sedgefield R.D.  Stockton R.D.				 		 3 1 1 5 3	1 2 2 1 2	  4 	1 
Easington R.D.	•••			 		9	7	1	3
Stockton M.B.			•••	 •••	•••	 20	10	1	2
Administrative County	·			 		 158	99	19	30

Administrative County of Durham, 1965.

### DEATHS FROM RESPIRATORY TUBERCULOSIS.

TABLE 13.

		 					_					_	_				
District.		15-	-24	25-	-34	35-	-44	45.	-54	55-	-64	65-	-74	75 : upwa		То	otal.
District.		M.	F.	M.	F.	M.	F.	M.	F.	м.	F.	м.	F.	M.	F.	M.	F.
Area No. 1. Blaydon U.D Ryton U.D Whickham U.D		 =	<u>1</u>	=	<u>-</u>	=	_	1 	=	1 _	=	<u>1</u>		1		4	1
Area No. 2.  Jarrow M.B Felling U.D Hebburn U.D		 =	<u>-</u>	<u>-</u>	<u>-</u>	1 1	_ _ _	=		=	<u>-</u>	=	<u></u>	1 1		2 -3	<u></u>
Area No. 3. Consett U.D Stanley U.D Lanchester R.D		 =		=	_	=	<u>1</u>	1 	_ _ _	<u>_</u>	_ 		1 -		<u> </u>	1 1 1	2 1 —
Area No. 4. Chester-le-Street U.D. Chester-le-Street R.D.		 =	=	=	=	_	=	1		1	1	_	1	_	1	1	2
Area No. 5.  Boldon U.D.  Hetton U.D.  Houghton-le-Spring U Seaham U.D.  Washington U.D Sunderland R.D	 .D. 	 111111		111111		_ _ _ 1 _	_ _ _ _ 1	_ _ _ 1	111111	- 1 1 1 - 1	111111	1 1 - - 2	111111	_ _ _ 1 _	ШШ	1 2 1 3 1 3	
Area No. 6. Crook and Willington Tow Law U.D Weardale R.D	U.D. 	 	1   1	111	=	1 —	=	<u>1</u>	=	<u>1</u>		_ _ _	=			3	=
Area No. 7.  Durham M.B Brandon and Byshottle Durham R.D	s Ü.D.	 				=	=	_ _ 1	=	=	=	=	=				Ξ
Area No. 8. Barnard Castle U.D. Barnard Castle R.D.	•••	 _		_		=		_	=		_				=	1	1
Area No. 9. Bishop Auckland U.D. Shildon U.D. Spennymoor U.D.		 _		=	_	<u>_</u>	=	=	1 —	<u>1</u> _	Ξ	_ _ _	<u>-</u>		=	1 1 1	<u>1</u>
Area No. 10. Hartlepool M.B Billingham U.D. Darlington R.D Sedgefield R.D Stockton R.D		 				_ _ _ 1				_ 1 _ _ _		1 1 1 —		_ _ _ _		1 2 2 1	
Easington R.D		 -	-	1	_		1	-	_	2	-	2	-	1	_	6	1
Stockton M.B		 -	_	_		1	_	1	_	4	-	4	_	1		11	
Administrative County		 _	1	2	_	7	4	7	2	16	1	17	3	7	1	56	12

TABLE 14.

Administrative County of Durham.

DEATHS FROM NON-RESPIRATORY TUBERCULOSIS.

Area No.	District.	Age Period.	Sex.	Number of deaths.
3	Stanley U.D	 45 — 54	М	1
5	Washington U.D	 55 — 64	M	1
9	Bishop Auckland U.D	 65 — 74	F	1
9	Shildon U.D	 55 64	M	1
9	Spennymoor U.D	 75 and over	F	1
10	Hartlepool M.B	 75 and over	М	1

TABLE 15.

ADMINISTRATIVE COUNTY OF DURHAM.—New Cases and Deaths (with Death-rates and Attack-rates), 1936-1965.

TUBERCULOSIS.

		Respi	RATORY.			Non-Res	PIRATORY.			To	OTAL.	
Year.	New Cases	Number of Deaths	*Death Rate	*Attack Rate	New Cases	Number of Deaths	*Death Rate	*Attack Rate	New Cases	Number of Deaths	*Death Rate	*Attack Rate
1936 1937 1938 1940 1941 1942 1943 1944 1945 1946 1947 1948 1949 1950 1951 1952 1953 1954 1955 1956 1957 1958 1959 1960	764 740 656 705 671 770 757 836 914 913 1,051 1,008 1,127 1,067 1,289 1,179 1,038 917 810 707 684 632 595 480 474 418 425	554 523 470 509 526 542 435 514 423 458 430 516 436 428 356 321 222 221 176 162 105 125 101 94 90 74 55	0.62 0.59 0.53 0.58 0.61 0.65 0.53 0.63 0.51 0.55 0.50 0.49 0.47 0.39 0.24 0.19 0.18 0.11 0.13 0.11	0.85 0.84 0.74 0.80 0.79 0.92 1.03 1.11 1.10 1.22 1.16 1.27 1.18 1.42 1.31 1.15 1.01 0.89 0.77 0.74 0.68 0.64 0.51 0.50 0.44	573 530 595 520 474 481 492 530 481 514 385 273 243 212 167 144 133 115 106 107 91 77 65 74	135 133 124 121 82 106 123 90 100 104 111 96 92 74 56 48 26 24 15 22 11 11 15 8 7	0.15 0.15 0.14 0.14 0.10 0.13 0.15 0.11 0.12 0.13 0.11 0.10 0.08 0.06 0.05 0.03 0.03 0.02 0.01 0.01 0.01 0.01 0.01 0.01 0.01	0.64 0.60 0.67 0.59 0.56 0.57 0.60 0.65 0.59 0.62 0.45 0.39 0.33 0.27 0.24 0.19 0.16 0.15 0.13 0.12 0.12 0.10 0.08 0.07 0.08 0.07	1,337 1,270 1,251 1,251 1,251 1,366 1,395 1,427 1,346 1,346 1,346 1,342 1,340 1,532 1,340 1,532 1,340 1,532 1,340 1,532 1,340 1,532 1,340 1,205 1,061 943 822 790 686 557 537 549 492 486	689 656 594 630 608 648 558 604 523 562 541 612 528 502 412 369 248 245 191 184 116 136 116 102 97 77 59	0.77 0.74 0.67 0.72 0.72 0.77 0.67 0.74 0.63 0.68 0.63 0.70 0.59 0.56 0.41 0.28 0.27 0.21 0.20 0.13 0.12 0.11 0.10 0.08	1.49 1.43 1.42 1.39 1.35 1.49 1.52 1.68 1.70 1.72 1.66 1.55 1.60 1.48 1.69 1.55 1.34 1.17 1.04 0.90 0.86 0.80 0.73 0.59 0.57 0.52 0.50
1963 1964 1965	352 322 257	54 60 68	0.06 0.06 0.07	0.36 0.33 0.26	58 65 49	5 4 6	0.005 0.004 0.006	0.06 0.07 0.05	410 387 306	59 64 74	0.06 0.07 0.08	0.42 0.40 0.31

\*Rates per 1,000 population.

TABLE 16.

Administrative County of Durham.

TUBERCULOSIS—New Cases and Deaths, 1935-1965.

							New (	Cases.			Dea	ths.	
		Year				Respir	atory.	No Respir		Respir	atory.	No Respir	
						м.	F.	м.	F.	м.	F.	м.	F.
1936						384	380	298	275	298	256	72	63
1937 1938		•••	•••	•••		406 339	334 317	272 302	258 293	268 270	255 200	65 57	68 67
1939				•••		410	295	266	254	292	217	67	54
1940		•••	•••	•••		380	291	226	248	290	236	45	37
1941		•••	•••	•••	•••	388	382	241	240	299	243	55	51
1942 1943		•••	•••	•••		367 438	390 398	248 240	244 290	245 296	190 218	68 64	55 26
1943		•••	•••	•••		445	469	235	290 246	233	190	51	49
1945		•••	•••	•••	- ::-	527	386	249	265	255	203	48	56
1946				•••		604	447	202	183	231	199	64	47
1947						534	474	166	172	253	263	58	38
1948		•••	•••	•••		595	532	146	149	200	236	58	34
1949		•••	•••	•••	• • • •	552	515	127	146	240	188	39 34	35 22
1950 1951		•••	•••	•••	• • • •	682 654	607 525	113 102	130 110	220 195	136 126	26	22
1952		•••		•••		562	476	70	97	138	84	13	13
1953		•••		•••		502	415	66	78	129	92	14	10
1954	4	•••	•••	•••		449	361	68	65	120	56	ii	4
195						376	331	54	61	108	54	9	13
1950		•••	•••	•••	•••	367	317	54	52	77	28	5	6
195		•••	•••	•••	• • •	368 371	264 224	42 39	65 52	96 74	29 27	7 12	4 3
1958 1959		•••	•••	•••	•••	289	191	39	45	74 74	20	7	<i>3</i>
196				•••	•••	300	174	28	37	63	27	3	4
196		•••		•••	•••	257	161	37	37	57	17	2	1
196		•••	•••	•••	•••	259	166	25	36	48	7	3	1
196		•••	•••	•••	•••	222	130	27	31	44	10	4	1
196		•••	•••	•••	•••	216	106	33	32	49	11	3	1
196	5	•••	•••	•••	• • • •	158	99	19	30	56	12	4	2

TABLE 17.

Administrative County of Durham, 1965.

Numbers of Venereal Diseases patients treated for the first time.

				Trea	tment Cer	itres.			
		Stockton and Thor'by Hosp.	New- castle General Hosp.	South Shields Clinic.	Royal Infir. Sunder- land.	General Hospital West Hartle- pool.	Memorial Hospital Dar- lington.	General Hospital Middles- brough.	Total.
Syphilis		 _	18	2	2	1	3	_	26
Gonorrhoea	•••	 19	54	3	26	6	12	36	156
Other Conditions		 65	328	46	173	19	65	61	757
Totals		 84	400	51	201	26	80	97	939

TABLE 18.

ADMINISTRATIVE COUNTY OF DURHAM, 1965—Deaths from cancer showing the organs affected, sex and age periods.

Based on local tabulations extracted from Monthly Returns submitted by District Registrars.

District.		De subjo	eaths oined			Buccal Cavity	and Pharynx	Digestive Organs	and Peritoneum	Respiratory	System	Uterus	Other Female Genital Organs	Description	Dicast	Male Genital Organs	Urinary	Organs	Skin (Scrotum	excepted)	Brain and other	parts of the Nervous System	Other or	Organs	Тот	rals .
,	0- 25	25- 45	45 <b>-</b> 65	65 <b>-</b> 75	75 & Up	м.	F.	м.	F.	м.	F.			м.	F.		м.	F.	м.	F.	м.	F.	м.	F.	м.	F.
Area No. 1. Blaydon U.D Ryton U.D Whickham U.D	1 1 —	3 4 3	24 14 21	19 12 23	16 6 12	1 2	1 1	12 4 11	12 6 7	11 10 15	4 1 2	3	1 1 —	111	4 4 7	1 1 3	4 -3	1 1 —		1 1	1 -2	1 —	8 2 4	1 2 1	37 18 40	26 19 19
AREA NO. 2.  Jarrow M.B Felling U.D Hebburn U.D	1 1 —	4 7 7	24 37 14	19 27 25	18 16 11	1 1	 1 	14 15 11	18 10 7	16 20 17		2 2 3	_ 2 1		3 6 5	4 2 1	 4 5	2 2 —	_ 1 _	_ _ _			4 10 2	2 8 2	39 54 37	27 34 20
AREA No. 3. Consett U.D. Stanley U.D Lanchester R.D	1 1 1	2 4 1	28 42 18	29 32 9	18 21 9	1 - 1		20 23 7	14 10 8	16 23 6	5 1 —	1 5 2	1 6 3	_ _ _	3 7 5	1 2 1	4 2 2	1 2 —		_ 1 _	<u></u>		7 8 2	4 7 —	49 60 19	29 40 19
Area No. 4. Chester-le-Street U.D. Chester-le-Street R.D.		3 5	10 27	10 28	14 20	=	=	10 25	9 12	7 21		4		=	3	1 4							_ 4	3 2	18 55	19 26
AREA No. 5.  Boldon U.D.  Hetton U.D.  Houghton-le-Spring  U.D.  Seaham U.D.  Washington U.D.  Sunderland R.D.		2 - 1 - 2 4	20 13 23 15 18 33	14 15 22 20 10 26	13 9 7 8 5		<u></u>	9 4 9 10 4 12	9 6 11 7 8 9	10 13 11 6 9 16	2 2 1 4 3	3 1 4 4 1 6	1 1 2 1 -	_ _ _ _ 1	4 3 4 5 4 5	3 - 1 2 - 3		1 1 - - 2	_ 		1 - - -	_ _ _ _	2 -3 4 3 4	2 2 5 1 2 6	27 22 25 24 18 41	23 15 30 19 19 33
AREA No. 6. Crook & Willington U.D Tow Law U.D Weardale R.D		1	15 1 6	14 3 3	16 2 2	1 —	=	17 1 —	12 1 2	5 3 1		$\frac{2}{3}$	=	=	2 1	$\frac{2}{1}$	<u>-</u>	1	1 —		111	_	2 1 1	2 1	28 5 4	18 1 7
Area No. 7. Durham M.B. Brandon & Byshottles U.D. Durham R.D.	_ 	1 2 1	9 17 28	12 5 18	12 6 22	2 1 1	_ 	6 5 16	7 8 14	4 5 11	_ 1 2	5	1 _ 2	_ _	1 5 4	1 - 2	1 3 2	2 - 3	1 11		1 11	_ 	3 2 5	1 - 2	17 16 37	17 14 32
Area No. 8. Barnard Castle U.D. Barnard Castle R.D.	1 _	1 2	4 13	9 14	5 7	2	=	5 11	2 5	6 3	_		1 2	=		1 1	<u>_</u>		11		1	=	2 2	<u> </u>	17 18	3 18
Area No. 9. Bishop Auckland U.D. Shildon U.D. Spennymoor U.D.		5 2 2	27 13 12	14 8 10	17 6 9	_ 1 _	$\frac{1}{2}$	17 4 6	6 3 9	6 8 5	5 2 1	4 —	3 3 —	<u>-</u>	4 6 5	_ 	<u>2</u> _	2 —	1 -1	<u>1</u>		_ 1 _	4 1 4	5 —	32 14 16	31 15 17
AREA NO. 10.  Hartlepool M.B.  Billingham U.D.  Darlington R.D.  Sedgefield R.D.  Stockton R.D.	1	5 2 5 5 2	18 25 16 32 9	13 13 11 34 6	6 18 9 19 5			4 5 6 18 4	3 13 8 14 4	15 13 11 17 3	2 2 3 5 1	1 3 - 1	2 2 1 3 2	1 - -	1 5 6 10 2	3 1 4 1	3 1 2 4	1 2 — 1		_ _ _ _	_ _ 1 _	_ _ _ _	2 4 1 6 2	4 2 1 5 2	28 29 23 51 12	14 29 20 40 11
Easington R.D		10	82	49	26	2	2	38	26	33	4	7	3	_	13	7	5	2	2	2	4	2	9		100	67
Stockton M.B		108	758	53		28	1	32	328	34 410	66	72	56	3	149	68	67	28	11	14	18	16	122	96	92	65 836
Administrative County	22	108	1/38	029	441	28	11	393	328	410	00	12	00	3	149	08	07	20	11	14	10	10	122	90	1122	

TABLE 19.

MENTAL HEALTH SERVICE—HOSPITAL ADMISSIONS, 1965.

	Hospital		SECTION 25 (Observation)	Section 26 (Treatment)	Section 29 (Emergency)	SECTION 39 (Leave Revoked)	Section 40 (Absence without leave)	Section 60 (Court Orders)	Informal	TEMPORARY (Cir. 5/52)
MENTALLY ILL	Cherry Knowle, Ryhope		7	2	20	3	1	_	11	_
	St. Luke's, Middlesbrough		_	_	1	_	_	_	1	_
	Newcastle General	•••	_	—	1			_	_	_
	South Shields General		20	_	6	_	1	_	16	_
	St. Mary's, Stannington	•••	2	_	17	1	6	1	96	_
	St. Nicholas, Gosforth	•••	60	2	52	_	4	-	110	
	West Hartlepool General		_	_	7	Name .	_	_	7	_
	Winterton, Sedgefield		34	10	336	1	3	2	196	_
	Chester-le-Street General				_	_~	_	_	1	—
	Retreat, York	•••	_	1	_	_		_		_
	TOTALS		123	15	440	5	15	3	438	
MENTALLY SUB- NORMAL	Aycliffe				_	_		1	7	22
TYORWINE	Prudhoe and Monkton	•••	<u> </u>	_	1	· _	_	1	25	47
	Winterton, Sedgefield	•••	_	_	_	_		_	_	_
	Children's Hospita Stockton	ıl, 		_	_		_	_	_	
	Totals	•••	_		1	_	_	2	32	69

### TABLE 20.

### Administrative County of Durham, 1965.

Numbers of all cases of infectious and other notifiable diseases originally notified, and of the final numbers according to sex and age after corrections subsequently made either by notifying medical practitioners or medical superintendents of hospitals.

	Scarle	t fe <b>ver</b>	Who	ping	A	cute po	liomyeli	tis		isles uding	Diph	theria	Dyse	ntery	co	ingo-
			cou	igh	Para	lytic		on- llytic		ella)					infe	ction
Numbers originally notified	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Total (All Ages)	267	303	204	222	1	1	_	_	5,367	5,169	<b>—</b>	-	219	255	4	4
Final numbers after correction Under 1 year 1— " 2— " 3— " 4— " 5—9 " 15—24 " 25 and over Age unknown Total (All Ages)	5 16 27 38 151 26 3 1	1 6 19 32 43 171 22 5 2 1 302	17 33 25 29 32 59 7 1 —	31 18 33 30 28 73 8 1 —					271 635 812 820 802 1,925 82 9 2 9	255 633 811 786 802 1,790 59 10 8 11			13 15 17 20 9 60 16 10 29 1	11 8 16 13 11 49 14 25 95 —	2  2    4	1 - 1 1 1 - 4
					A	cute en	cephalit	is								
		ute monia	Sma	llpox	Infe	ctive		st- ctious		ric or id fever		yphoid vers	Erysi	pelas		ood oning
Numbers originally	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F
notified Total (All Ages)	86	<b>5</b> 8	_	_	3	3	1	_	2	2	1	1	11	10	73	82
Final numbers after correction Under 5 years 5—14 ,, 15—44 ,, 45—64 ,, 65 and over Age unknown  Total (All Ages)	9 19 23 13 —	4 2 16 20 14 —				1 1 1 - 3			_ 1 - - 1		_ _ _ _ _	_ _ _ _ _ 1	1 1 1 6 2 —		6 5 9 4 2 2 22	1 3 8 5 - 3
	1							otal of 1							)	-
	Respi		Tuber Meni & C.1			her	of I Hea	ng to th Medical alth oth Formal	Officer erwise 1	s of than	Othe	r notifia	ible dis	eases		н
Numbers originally	M	F	M C.I	F	M	F		M	INOLINICA		Orig	inal	Fi	nal		
notified		98	3	4	16	26					M	F	M	F		
Final numbers	139	90			10	20	-	-		1	P	uerpera	l pyrexi	a		
after correction	_	5			1				-		_	63	_	61		
Under 5 years 5—14 years	6 7 56	5 9 56	_	1 -	1	3					Ophi	halmia	neonato	rum		
15—44 ,, 45—64 ,,	56 61	56 18	2	1 1	9 4	17 5					1	2	1	2		
65 and over Age unknown	28 —	10	=	_	1	1						Mal	aria			
Total (All Ages)	<b>15</b> 8	99	3	4	16	26					1					
		* Cent	ral nerv	ous sys	tem.											

TABLE 21.

Administrative County of Durham, 1965.—Corrected Number of Infectious Diseases notified in each sanitary district.

Districts.	Est. Popula- tion 1965	Scarl Feve	et	Whoo ing Coug	p-	Meas	sles	Par lyt	Actoliom	yelitis Nor Paraly	n- rtic	Tube Respira-	M	ien- iges .N.S.	Dip the	h- ria	Smal	11-	Tuber culosi Other Forms	- g s	Menin- gococ- cal Infec- tion	I	Ar Ence	cute phaliti Post fect		Dyse: ery	nt-	Oph thalm Neon torur	3- 1	oeral yrexia	Pr	neu- onia		ra- hoid ver	Ente or Typh fevo	bioi	Food Poison ing	E	irysi- pelas	Mala	aria	Tota	ls.
		M	F	М	F	M	F	М	F	M	F	M F	M	F	M	F	M	F	M 1	F	VI F	N	F	М	F	M	F	M	FΛ	F	M	F	M	F	M	F	M	M	F	M	F	M	F
AREA No. 1. Blaydon U.D. Ryton U.D. Whickham U.D.	31,220 14,100 26,990	1 1	12 1 34	3 11	7	178 86 229	162 81 196	l —	=	=		3 1 4 3 1 6	=	_ _ _	_ 	<u>-</u>	<u>= </u>	=	= -	- 1				=	<u> </u>	1/2	1 -		_		-		=	_	=	=	4 _	1		I - I		91	179 85 244
AREA NO. 2.  Jarrow M.B.  Felling U.D  Hebburn U.D.	26,450 38,710 25,070	1 3	3 3	18 5 2	18 19 6	135 172 85	152 152 117	i —	=	=	=	10 3 9 10 14 4	1 -	-	=		=	=	1 -	-   -	-   - -   -	i   :		=	=	_	<u>3</u>	= :	-   <b>-</b>	1 =	1 -	-	<u>-</u>	=	=		1 -	-   —	=	-	Ξ	191	191 188 134
AREA NO. 3. Consett U.D. Stanley U.D. Lanchester R.D.	37,700 45,210 14,620	4 13 5	6 15 4	8 8 3	3 14 3	259 243 76	267 241 74	Ξ	Ξ	Ξ		9 2 7 5 — 1		=	Ξ	Ξ	=	Ξ	1	1 -		۱   <b>–</b>	2	1 _	=		4 27	-   -		1	- 10 1	1 2 1	=	1	=	=	5 (	3			Ξ	288 308 87	289 313 85
AREA NO. 4. Chester-le-Street U.D. Chester-le-Street R.D.	19,720 44,310	<u></u>	18	-6	3 2	79 341	67 368	=	=	=	=	6 5 4	=		_	=	=	=			1 -	-   -		=		3 6	3 4		= =				1	=	<u>-</u>	-	2 -		=		=	93 385	81 401
AREA NO. 5. Boldon U.D. Hetton U.D. Houghton-le-Spring U.D. Seaham U.D. Washington U.D. Sunderland R.D.	25,960 17,260 31,160 25,470 19,760 29,810	$\begin{bmatrix} 8 \\ - \end{bmatrix}$	1 7 3 25 1	4 2 3 - 1 2	4 2 1 3	44 52 273 57 180 57	52 55 276 52 164 48	=	# 1 1 1 1		=	3 2 1 3 5 3 5 3 6 3 6 4			111111	11111	=		1 	= =	  	- 1			11111		2 28 12 1 6	= :		1	3 4 5 —	2 2 3 1		=			1					57 59 318 76 213 72	68 60 320 71 194 68
Area No. 6. Crook & Willington U.D. Tow Law U.D. Weardale R.D.	24,260 2,860 8,210	2	14	2 5	2	112 10 153	2	2 —	=	=	=	5 1	Ē	=	111	=	=	=		-   -		-   -		=	=	=	=	- ;		1	1 2			Ξ	_	— I		·   —		i	— I	19	125 4 138
Area No. 7. Durham M.B. Brandon & Byshottles U.D Durham R.D.	23,440 19,330 36,810	15 5 7	3 10 13	2 12 13	1 13 11	122 98 222	109	9 —	=	=	=	5 2 1 1 2 3	=		Ε			=	- 1 1	1 1 1 -	2 -	-   -	-   —	=		3 6	1 5			.   —	2 3	1	Ξ	Ξ	Ξ	1	1 _	=	-	Ξ	_	150 119 254	93 135 252
AREA No. 8. Barnard Castle U.D. Barnard Castle R.D.	. 5,410 17,150	2 3			_4	14 108	18 105		=	=	=					=	=	=			=   -			=	=	14 20	16 18		_   _		_		=	=		=	1 1	=	=	= :	=	31 135	35 134
AREA NO. 9. Bishop Auckland U.D. Shildon U.D. Spennymoor U.D.	. 34,710 . 13,910 . 18,650	10 9 18	14 12 24	8	42 6 12	392 104 214	105	5 -	Ξ	=	=	8 3		1 _	<u>-</u>	=	=	=		<del>-</del>   -		-   -		=		30	24		1 -	32 1 1	11 10 2	6 5 2	=	$\equiv$	=	<b>-</b>  -		1	2 1 1	Ξ	-	451 163 255	476 155 182
AREA NO. 10. Hartlepool M.B. Billingham U.D. Darlington R.D. Sedgefield R.D. Stockton R.D.	. 18,090 . 34,340 . 27,040 . 35,280 . 13,080	9 5 11	1 10 9 8 2	19 4 3 —	23 4 7 1	93 174 140 67 23	137 86	7 -				3 1 1 2 1 2 5 1 3 2		_	11111	=	-			<u> </u>		-   –			=======================================	6 3 9 1	3 4 1 64 1			\ <del> </del> =	=======================================		= = = = = = = = = = = = = = = = = = = =	=	_	= :	27 3	=======================================			-   :	218' 149	117 198 156 159 18
Easington R.D	. 85,550 . 83,220		21	6	9	444 331		-			=	9 7		-}			=	$\exists$		3 -	1   1		- <u>-</u>			19	14	_   ·	_   _ _ 1 _		-{	3	<u>-  </u>	_		<del>-</del> - -	2 1	-}	2				498 374
Administrative County .	. 974,860	-	302	203	222	5,367	5,165	5 1	-	_		158 99	3	4	-	-	-	-	16 2	26	4	1	3 3	1	-	190 2	242	1	2 -	- 61	79	56	1	1	1	2	48 20	11	11	_   .	— 6,	357 6,2	220

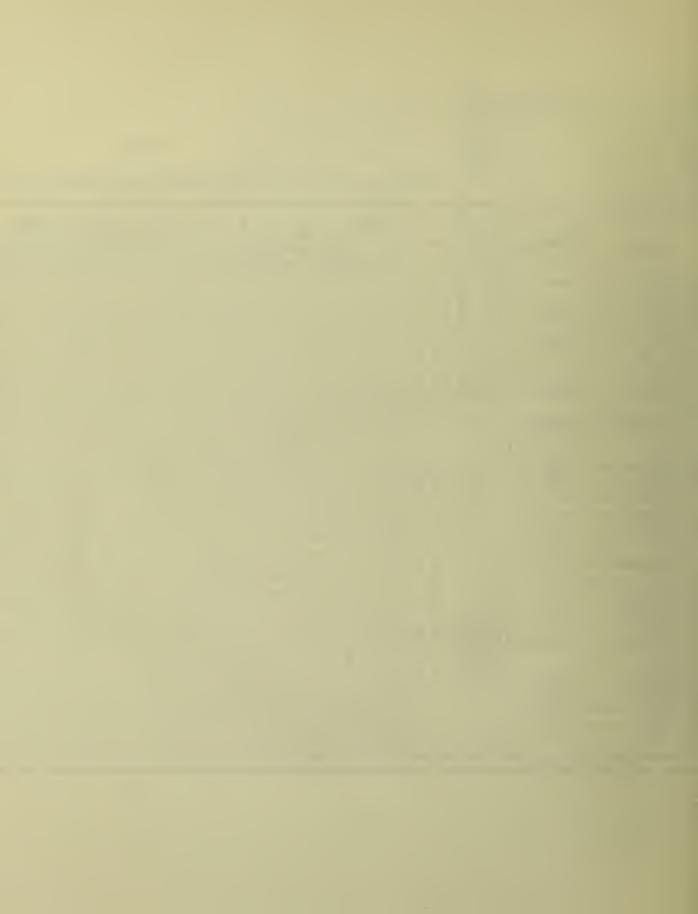


TABLE 22.

ADMINISTRATIVE COUNTY OF DURHAM, 1965—Notifiable Diseases. Corrected number of Cases and Deaths.

			Dis	seases.							Cases.	Deaths.
Scarlet Fever											572	_
Whooping Cough		•••	•••		•••	•••	•••		•••		425	1
Diphtheria		•••							•••		_	_
Measles		•••	•••		•••	•••			•••		10,532	2
Pneumonia									•••		135	659
Meningococcal Infecti	on	•••	•••		•••			•••	•••		8	3
Acute Poliomyelitis— Paralytic											,	
Non-Paralytic	c	•••	•••			•••	•••		•••	• • • • • • • • • • • • • • • • • • • •	<u>1</u>	=
Ophthalmia Neonatori	um				•••	•••	•••		•••		3	_
Puerperal Pyrexia	•••				•••	•••		•••			61	_
Smallpox							•••				_	_
Para-Typhoid Fever	•••	•••	•••	•••			•••		•••		2	_
Enteric or Typhoid Fe	ever		•••	•••	•••	•••	•••	•••	•••		3	_
Erysipelas			•••	•••	•••	•••	•••	•••	•••	• • • •	22	_
Malaria	•••	•…	•••	•••	•••	•••		•••	•••		_	-

ADMINISTRATIVE COUNTY OF DURHAM—Corrected number of cases of certain Infectious Diseases notified, 1956-1965

TABLE 23.

				1956	1957	1958	1959	1960	1961	1962	1963	1964	1965	Mean of 10 years.
Smallpox	•••		•••	_	_	· —	_	_	_	_	_	_	_	_
Scarlet Fever				846	945	762	686	400	274	145	241	636	522	550
Diphtheria	•••	•••		_	_	1	_	_	_	_	_	_	_	_
Enteric & Para-	Typho	id Fev	ers	7	11	6	12	5	2	5	4	7	5	6
Puerperal Pyres	kia	•••		104	126	97	71	49	101	86	75	80	61	85
Erysipelas				91	74	37	55	40	30	20	22	35	22	42
Totals	•••			1,048	1,156	903	824	494	407	256	342	758	660	684
Attack Rate per	1,000	Living	g	1.1	1.2	1.0	0.9	0.5	0.4	0.3	0.4	0.8	0.7	0.7

Administrative County of Durham—Deaths and Death-rate from the seven principal Infective Diseases, 1956-1965.

TABLE 24.

	1956	1957	1958	1959	1960	1961	1962	1963	1964	1965	Mean of 10 years
Estimated Population	921,600	928,800	935,800	943,700	9 <b>50,</b> 870	955,050	964,550	969,580	970,190	974,860	950,800
Smallpox	_	_	_	_	_	_	_	_	_	_	_
Scarlet Fever	1	_	_	_	_	_	_	_	_	_	_
Diphtheria	_	_	_	_	_	_	_	_	_	_	_
Enteric Fever	_	1	_	_	_	_	_	_	_	_	_
Measles	1	2	_	2	_	_	_	_	_	2	1
Whooping Cough	1	1	_	1	_	1	_	_	1	1	1
Diarrhoea and Enteritis under 2 years	9	11	10	11	9	6	14	10	7	13	10
TOTAL DEATHS	12	15	10	14	9	7	14	10	8	16	12
Deaths per 1,000 Population	0.01	0.02	0.01	0.01	0.009	0.007	0.015	0.010	0.008	0.017	0.012

TABLE 25.

### Administrative County of Durham, 1965.

Results of examination of samples of raw, pasteurised and sterilised milk collected by officers of the County Health Department.

_		л	1ethylen	e Blue Te	st.	Phos	phatase	Test	Biological Test for Tuberculosis, etc.				Turbidity Test			
	No. of samples taken	Passed	Failed	Incon- clusive	% Failed	Passed	Failed	% Failed	No. of samples taken	Nega- tive	Posi- tive	Incon- clusive	% Posi- tive	Passed	Failed	% Failed
teurised Milk Dairies Schools Hospitals Dealers	267 212 45 1,502	265 201 44 1,362	2 5 1 102	$\frac{-6}{38}$	0.75 2.35 2.22 6.78	267 212 45 1,496	_ _ 6	  0.40	1111		1111	=	1111	1111		
	2,026	1,872	110	44	5.43	2,020	6	0.30	_	-1	1-1	_	_	_ }		
reated Milk Farms Dealers	86 582	84 459	2 94		2.33 16.15		=	=	24 400	12 361	<del>-</del> 13	1 26	— 3.25	=	=	=
	668	543	96	29	14.37	_	_		424	373	13	27	3.07	_	_	_
ilised Milk Dairies Dealers	35 484	_	=	=	=	=	=	=	=	=	=	=	=	35 484	=	_
	519	_	_	_	_	_	_	_	_	_	_	_	_	519	_	_
OTALS	3,213	2,415	206	73	6.41	2,020	6	0.19	424	373	13	27	3.07	519		

### TABLE 26.

### HOUSING.

Statement as to the position of Housing in the Administrative County of Durham on the 31st December, 1965 (Figures supplied by District Councils).

			 		- 1				
				Houses	Total No.				
	Di	stricts.		Local Authority	Any Other Housing Authority.	Private Persons.	of Inhabited Houses in District.		
Area No. 1. Blaydon U.D. Ryton U.D Whickham U.D.			 			83 30 42	=	213 154 238	10,561 5,072 9,189
Area No. 2. Jarrow M.B Felling U.D Hebburn U.D.			 			169 114 101	_ _ _	75 37 —	8,394 12,423 8,250
Area No. 3. Consett U.D Stanley U.D. Lanchester R.D.			 			64 160 —	=	42 46 111	12,224 14,791 4,687
Area No. 4. Chester-le-Street U. Chester-le-Street R.			 			111 128	=	120 333	6,910 14,689
Area No. 5.  Boldon U.D Hetton U.D Houghton-le-Spring Seaham U.D. Washington U.D. Sunderland R.D.	 Ü.D.		 			159 36 127 69 48 131		89 49 130 3 109 123	8,674 5,640 10,488 7,973 6,359 9,821
Area No. 6. Crook and Willingto Tow Law U.D. Weardale R.D.	on U.I	). 	 			=	=	9 1 7	8,435 958 3,180
Area No. 7. Durham M.B. Brandon and Bysho Durham R.D.	 ttles U	J.D. 	 		• • • • • • • • • • • • • • • • • • • •	38 49 108	=	44 3 188	6,658 6,475 12,137
Area No. 8. Barnard Castle U.D Barnard Castle R.D			 				10	6 9	1,707 5,922
Area No. 9. Bishop Auckland U Shildon U.D. Spennymoor U.D.	•••	 	 •••		···	245 56 77	=	22 3 27	11,213 4,683 6,143
Area No. 10. Hartlepool M.B. Billingham U.D. Darlington R.D. Sedgefield R.D. Stockton R.D.			 			154 170 4 56 12	192 ————————————————————————————————————	5 186 125 107 336	5,289 10,687 8,386 11,449 4,235
Easington R.D.			 			191	460	11	28,284
Stockton M.B.		•••	 •••	•••	•••	274	_	231	25,374
Total	•••	•••	 	•••		3,022	662	3,192	317,360

### TABLE 27.

### CLOSET ACCOMMODATION.

The following table gives the number and type of convenience in each sanitary district of the county at the end of 1965. In addition information is given in the table as to the conversions of ashpit privies and ash-closets into water-closets during the year.

crosets during the year.										
D	ISTRICT	s.				Total n	umber in	District	Ashpit Privies converted into	Ash Closets converted
						Water- Closets	Ash- Closets	Ashpit Privies	Water- Closets.	into Water-Closets
Area No. 1. Blaydon U.D Ryton U.D Whickham U.D.						13,285 5,241 9,890	$\frac{31}{3}$	13 23		<u>2</u> 
Area No. 2. Jarrow M.B Felling U.D Hebburn U.D						11,163 13,359 9,056		=	=	=
AREA No. 3. Consett U.D						14,094	26	1	_	
Stanley U.D Lanchester R.D.						15,889 4,859	67	3 30	3	2
Area No. 4. Chester-le-Street U.D Chester-le-Street R.D.						8,332 14,669	11 20	=		=
Area No. 5.  Boldon U.D  Hetton U.D  Houghton-le-Spring U.Seaham U.D  Washington U.D.  Sunderland R.D.	J.D. 					9,330 5,767 10,700 9,708 7,465 9,317	14 — — — —	- 12 1 3 23	111111	
Area No. 6. Crook & Willington U Tow Law U.D. Weardale R.D	J.D. 					9,152 780 2,696	349 188 424	<u> </u>	<u>-</u> 13	3 9 26
AREA No. 7. Durham M.B Brandon and Byshottle Durham R.D	es U.D.					8,027 6,573 17,410	15 329 139	5 6 10	=	10
Area No. 8. Barnard Castle U.D.						2,367	3	1		
Barnard Castle R.D.	•••		•••			5,384	73	3	3	7
Area No. 9. Bishop Auckland U.D. Shildon U.D Spennymoor U.D.					: :	12,762 5,136 7,430	660 — 153	50 61 4	6 1 —	=
Area No. 10. Hartlepool M.B. Billingham U.D.					•••	5,284 11,605	4 4	1 1		
Darlington R.D.		•••	•••	•••		8,180	20	6	3	4
Sedgefield R.D. Stockton R.D						13,695 4,412	22	5	_	2 4
Easington R.D						29,269	97	68	_	_
Stockton M.B		•••		•••		31,568	_	-	-	_

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